GUILFORD COUNTY

DEPARTMENT OF PUBLIC HEALTH

301 N. EUGENE ST. P.O. BOX 3508
GREENSBORO, N. C. 27401

936 MONTLIEU AVENUE
HIGH POINT, N. C. 27262

JOSEPH L. HOLLIDAY, M.D. M.P.H.
HEALTH DIRECTOR

Guilford County Board of Health
Guilford County Health Department
Greensboro, North Carolina

Gentlemen:

It is with pleasure that I present to you the first Work Plan for the Guilford County Health Department. Credit for the development of this Plan goes to the entire staff of the Department.

I look upon the Work Plan as a management tool and as an opportunity to inform officials in County and State Governments and the citizens of the county of the activities, goals, and objectives of the services delivered by the Guilford County Health Department.

Respectfully submitted,

Joe Holliday MD

Joseph Holliday, M.D.
Health Director

new edition requested
6/13/86 DBB

WORK PLAN
1981 - 1982

By

GUILFORD COUNTY HEALTH DEPARTMENT

Submitted to:

Guilford County Board of Health
Guilford County Board of Commissioners
N.C. Department of Human Resources
Division of Health Services
Citizens of Guilford County

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GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
1981 - 1982 ANNUAL PLAN OF WORK

Introduction

This is the first edition of the Annual Plan of Work of the Guilford County Health Department. This plan is being prepared for County and State officials as well as for the public.

The Health Department is one of the major departments of County Government within the human service delivery system. Its funds come from federal, state, and county sources.

The principal officer of the Department is the Health Director, a physician, who is appointed by the Board of Health. An Assistant Health Director compliments the duties of the Health Director in areas of administration, planning and general management. Each major program is headed by a program director who administers the many activities of their respective programs.

The Health Department works closely with officials of County and State government for budgeting, personnel and fiscal control purposes. The major oversight functions on a daily basis come from County Government.

Department Purpose

The purpose of the Guilford County Department of Public Health is to prevent disease and protect the health of Guilford County citizens by:

- improving the quality of the environment
- helping each citizen to improve his own health
- assuring that health services are available to all citizens of Guilford County.

Performance and Relationship

To prevent and control diseases and to promote health for the citizens of the county, the Health Department offers services in the following areas:

1. Child Health

   The child health division promotes the health of all Guilford County children through direct and community services. Medically indigent children receive comprehensive care from ages 0 through 17. This includes primary and preventive care by physicians, nurses, dentists, speech and hearing specialists, health educators, nutritionists, social workers, and a variety of private practitioners when needed. School and community based services are an integral part of the child health program. A WIC program provides supplementary food to disadvantaged "Woman, Infants, and Children."

2. Family Planning/Maternal Health

This division attempts to assure that all infants born in Guilford County are wanted and healthy. There are daily and evening clinics offering comprehensive contraceptive services and counseling family planning for males and females. Vasectomy and infertility services are available for males. As a part of the reproductive cycle, comprehensive maternal health services are offered now in four locations within the county. These services have the close cooperation of all hospitals and private practicing obstetricians.

3. Adult Health

The adult health division seeks to reduce the disability and costs associated with both chronic and communicable diseases. The agency is certified in home health care which involves direct patient service as prescribed by physicians for any citizen in Guilford County who needs home bound care. Additional funding was received from the state this year to allow expansion of home health activities to include nutritional services and to increase physical therapy and nursing services. The clinic program includes immunizations, orthopedic, eye, venereal disease, tuberculosis, cancer detection, glaucoma, diabetes, hypertension, and chronic disease screening. Primary care is available to medically indigent adults through agency and hospital clinics on an out-patient basis. A public health nurse works full time with inmates in the two jails and with youth in the detention home. Medical services are provided through contractural arrangements with private physicians. Laboratory, x-ray, and limited pharmacy services provide support to clinic activities.

4. Environmental Health

The division of environmental health serves the citizens of the County by monitoring and attempting to control the physical factors of the environment which effect human health and safety. To accomplish this, the staff uses preventive measures against disease and disease hazards through education, research, supervision and enforcement. Local regulations, which are stronger than state regulations, govern the installation of septic tanks and refuse/garbage disposal methods. The emission of air contaminants by individuals and by corporations is monitored and regulated; all food handling establishments are inspected regularly for safe and sanitary methods of storing, handling, and serving; and facilities providing lodging or day care are inspected for compliance with state regulations on cleanliness. The division cooperates with many local and state agencies or groups who have related functions in environmental health.

ENVIRONMENTAL HEALTH

I. MISSION

To protect the public health through the control of environmental contaminants and hazards which cause human illness and disease or adverse effect on man's health; and to enhance the quality of the environment through the elimination of unsanitary and other conditions which contribute to the degradation of land and water resources and to undesirable living conditions. The mission is accomplished though (1) the conduct of programs and activities directed toward the protection of public water supplies, on-site wastewater management, milk-borne, shellfish-borne and other food-borne disease, vector control, and improvement of sanitary conditions in schools, public institutions, food and lodging places, camps, day-care facilities, and recreational areas; and (2) participation with local, state and federal agencies in program endeavors to enhance the quality of our total environment.

II. GOALS

A. Prevent or minimize morbidity and mortality due to environmental hazards.

B. Promote the development of essential local environmental health programs.

C. Reduce the cost of medical care by minimizing adverse environmental health conditions that may cause illness.

D. Respond promptly to all environmental health complaints and requests for services.

GUILFORD COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

OPERATIONAL PROGRAM PLAN

AIR QUALITY CONTROL

PROGRAM ELEMENT: Air Quality Control

PROGRAM HISTORY AND STATUTORY AUTHORITY

Guilford County's Air Pollution Control program started in 1964 when the County applied for a federal grant under Section 4, Public Law 88-206 to study the county's air pollution problems.

Guilford County's first Air Pollution Control Regulations was adopted by the Guilford County Board of Health, under the authority granted in G.S. 130-17, to become effective January 1, 1967. It should be noted that Guilford County was the first county in the state to adopt an Air Pollution Control regulation.

Since 1967 Guilford County's Air Pollution Control Regulations have been amended several times in order to make them compatible with the Federal Government's Clean Air Act of 1970 and the State of North Carolina Air Quality Control Program (1971).

NEEDS STATEMENT

In order to protect the public health and the well-being of the population of Guilford County and to achieve and maintain an acceptable level of clean air in the county, it is necessary to have an Air Pollution Control Regulation to provide the necessary mechanism to investigate and monitor sources of air pollution. The purpose of these regulations is to promote and encourage air pollution control and to regulate and prohibit certain type of air contaminants emission through a local Air Quality Control program. The scope of these regulations encompasses the entire population (individuals, businesses, industrial and governmental agencies) for the elimination of air contaminants.

ADMINISTRATION AND SERVICE DELIVERY

A program is conducted for the control and elmination of Air Contaminants emissions and the monitoring of air contaminants.

Component -

1. Monitoring and Analysis of Air Samples Collected - The Division of Environmental Health operates and maintains a series of strategically located air monitoring stations for the purpose of collecting and analyzing air samples. These stations are classified as NAMS (National Air Monitoring Site) or SLAMS (State/Local Air Monitoring Site).

Component -

2. Laboratory Analysis of Air Samples - Air samples collected on a weekly basis are analyzed in a laboratory and the findings are calculated into the appropriate mathmatical units and are recorded on data sheets which are then forwarded to the State and Federal Agencies with a copy retained for local use.

Component -

3. Investigations - Routine investigations are made to determine, locate, and evaluate sources or suspected sources of air pollution to insure compliance with the Air Pollution Control Regulations.

   Complaints involving air quality are received and recorded; then an investigation is made of the specific or suspected source. The problem is analyzed and evaluated and appropriate corrective action is taken, if necessary.

Component -

4. Ringlemann Readings - Visible emission evaluations are made on air contaminant sources to insure compliance with the state and local air quality regulations.

Component -

5. Open Burning Permits - Open burning permits are issued in accordance with the local Air Quality Regulations.

   Open burning permit holders are monitored to insure that the permit terms are being adhered to.

Component -

6. Reports - All air quality activities are recorded on the appropriate forms. The data and reports are prepared, analyzed, and evaluated before being sent to state and federal agencies, with a copy being retained for local use.

Component -

7. Equipment and Auditing Procedures - All air sampling equipment used in Air Quality Control work must be maintained, calibrated and operated in accordance with State and Federal Quality Control Procedures. Most equipment involves auditing at least 3 times during the 3 months it is in service. Any equipment failures must be analyzed and evaluated to minimize loss of data and the necessary data forms completed explaining the failure.

PROGRAM OBJECTIVES

During the fiscal year 1981/1982 the following program objectives are needed to insure that the ambient air quality in Guilford County remains at a high standard.

1. The continued monitoring and analysis of air samples at 8 sampling stations every 6th day will result in a total of 854 samples being collected and analyzed.

2. The continuing identification and investigation of local sources of air pollution emissions to determine compliance with local Air Pollution Control Regulations will

mean that approximately 250 investigations and evaluations will be made.

The elimination of any source of excessive or illegal emissions of air pollution that are in violation of the Air Quality Standards will be approximately 30 per year.

3. There will be approximately 50 Ringlemann Readings (Visible Emission Evaluation) to determine compliance with the Air Quality Standards.

4. During the fiscal year, Recertification for Competency on Visible Emission Evaluation will be required twice (every 6 months) by the NC Department of Natural Resources and Community Development to insure that the readings made are valid.

5. Approximately 50 open burning permits will be issued and monitored during this time period.

6. There will be a total of 19 monthly, quarterly, bi-annual and annual reports completed which will be reported in geometric and arithmetric means.

   In addition there will be 4 Quality Assurance Control Saroad Reports and 671 AQ-41 reports completed, evaluated and forwarded to the State of North Carolina Air Quality Section.

7. Sometime during the fiscal year it may become necessary to declare one or more ASA (Air Stagnation Advisories). This usually occurs when weather conditions cause the ambient air to stagnate and does not allow the air contaminants to disperse. During the ASA, 2 sampling stations will operate on a daily schedule of 24 hours per day. All air samples collected will be evaluated and analyzed and the data will be computed before being forwarded to the state agency.

EVALUATION

The Air Quality Control program is evaluated monthly, quarterly, semi-annually and annually through conferences, field evaluations, program reviews, reports, data, and other appropriate means. Once a year a systems audit of Guilford County's Air Monitoring Program is conducted by NC Department of Natural Resources and Community Development to determine if EPA requirements and good scientific practices are being followed.

Sampling Data and Data Printouts are analyzed and compared to State and Federal Air Quality Standards to insure that the local air quality does not violate said standards.

GUILFORD COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

OPERATIONAL PROGRAM PLAN

FOOD, LODGING, AND INSTITUTIONAL SANITATION

PROGRAM ELEMENT: Food, Lodging, and Institutional Sanitation

PROGRAM HISTORY AND STATUTORY AUTHORITY

As early as 1897, the citizens of Guilford County had passed ordinances on a "need" basis in an attempt to provide a satisfactory means of disease control. By 1909 a plan to cover the inspection of meats, fish, and other food products had been adopted. Tabulated accounts of routine visits to schools, jails, and work camps appear in the annual report as early as 1912. For the next 25 years, the implementation of control measures was primarily based on the expertise of the health officer and the sanitary officer through the authority granted by local health ordinances and standards adopted from the U.S. Public Health codes. Program development was severely restricted by the lack of a unified state program based in statutory authority.

Modern program development began in 1937 with the adoption by the State of Rules Governing the Sanitation of Meat Markets developed under the statutory authority granted by G.S. 130-167. The authority for the implementation, administration, and enforcement of State rules and regulations as herein described is delegated to local health departments through the certification and authorization of qualified local sanitarians by the North Carolina Division of Health Services.

Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments, and Rules Governing the Sanitation of Lodging Places were adopted by the State in 1941 under the statutory authority granted by G.S. 72-46; 72-49. Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanitoriums, and Educational and Other Institutions were adopted by the State in 1945 under the statutory authority granted in G.S. 130-170.

Rules Governing the Sanitation of Summer Camps were first adopted by the State in 1947 under the statutory authority granted by G.S. 72-46.

An Act Regulating the Sanitation of Agricultural Labor Camps was adopted by the State in 1963 under the statutory authority granted by G.S. 130-166.

Rules Governing the Sanitation of Food and Beverage Vending Machines were adopted by the State in 1963 under the statutory authority granted in G.S. 72-46. Rules Governing the Sanitation of Local Confinement Facilities were adopted by the State in 1967 under the statutory authority granted in G.S. 153A-226. Rules Governing the Sanitation of Child Day Care Facilities were adopted by the State in 1972 under the statutory authority granted in G.S. 110-91; 110-92.

Regulations Governing Swimming Pools in Guilford County were first adopted by the Guilford County Board of Health in 1950. They were revised in 1958, and in 1972 pursuant to the authority granted in G.S. 130-17.

Rules Governing the Sanitation of Residential Care Facilities were adopted by the State in 1973 under the statutory authority granted by G.S. 130-170.

Sanitation Standards for Public Schools were adopted by the State Board of Education in 1975 under the Statutory authority granted by G.S. 130.

Rules Governing the Sanitation of Mass Gatherings were adopted by the State in 1976. under the statutory authority granted by G.S. 130-240 through 130-145.

Regulations Governing the Sanitation and Containment of Mass Gatherings in Guilford County were adopted by the Guilford County Board of Health in 1980 by the statutory authority granted by G.S. 130.

NEEDS STATEMENT

The primary goal of the Food, Lodging, and Institutional Sanitation program is to promote accepted health standards and to insure that all health hazards and potential health hazards are identified, and to protect the public health by planning, coordinating, initiating, and monitoring procedures designed to eliminate or effectively control pathogenic agents and environmental hazards before they can affect the public health. The work of this section directly affects the health of the citizens of Guilford County, of the State of North Carolina, and of individuals visiting the state. This office has, in the past, identified public health problems of national importance. The need for the protection of the public health has increased dramatically with the growth of the population and the subsequent increase in the number of facilities serving the public. A constant vigilance will be necessary to meet the needs for the identification and correction of public health problems of the future and to insure a high standard of public health.

ADMINISTRATION AND SERVICE DELIVERY

The Division of Environmental Health has developed a work plan in accordance with the guidelines established by the Division of Health Services as set forth in 10 NCAC 10 A. The plan includes the following components:

Component -

1. Inspections - A sanitary inspection program is conducted to insure the maintenance of acceptable levels of sanitation in all applicable food, lodging, and institutional establishments. A grade card indicating the sanitary rating of the facility is displayed in a prominent location in the establishment. A record of all inspections indicating the sanitary status of each establishment is maintained, and compliance visits are coordinated to insure the correction of any deficiency which poses a potential public health hazard or to up-grade sanitary conditions to meet current standards.

Component -

2. Frequency - The frequency of routine inspections of specific types of establishments is set forth below. Additional inspections and/or follow-up visits are

performed to secure correction of any potential problems of public health importance. (*-indicates that frequency of inspections exceeds the standard issued by Division of Health Services.)

Type of Establishment	No. Insp./yr.
Agriculture Labor Camps	3*
Child Day Care Facilities	2*
Educational Food Service	3
Institutions	2
Local Confinement Facilities	1
Lodging	2
Mass Gatherings	2
Meat Markets	4
Private Boarding Schools & Colleges	2
Residential Care Facilities	1
Restaurants	4
School Lunchrooms	3
Schools	2*
Summer Camps	2*
Seasonal Establishments	2*
Vending Commissaries	4

The following establishments are routinely inspected under Guilford County ordinances or as requested inspections:

Type of Establishment	No. Insp./yr.
Mass Gatherings	2
Swimming Pools	4
Private School Plants	1
Day Care Plans	1
Adult Group Care Facilities	1

A level of compliance acceptable to the Division of Health Services is maintained as evaluated by a random sampling and review of the sanitary status of establishments.

Component -

3. Investigations - Complaints concerning food, lodging, and institutional sanitation and other environmental complaints involving these establishments are received, recorded, and investigated. If the complaint is justified, corrective actions are prescribed and initiated and follow-up visits are scheduled to insure compliance. Each complaint investigation and a record of the action taken, is recorded and kept on file. The personnel concerned with food, lodging, and institutional sanitation are thoroughly familiar with investigative procedures and monthly staff meetings are held to review and discuss current topics, including resources, policies, procedures, new and/or revised rules and regulations, recent innovations, etc.

   Complaint investigations are made of all outbreakes of illness suspected to be associated with food, lodging, and institutional sanitation. A response kit is maintained which contains report forms, materials for the collection of samples and other items required for the investigation of outbreaks of illness. A record of actions taken is complied and kept on file for each outbreak investigated.

Component -

4. Educational Program for Food Service Personnel - A plan for the education of food service personnel has been developed and implemented. A copy of the current written plan is maintained on file and the educational program is conducted in accordance with the written plan. The current program is presented in two hour classes for three consecutive days. The program is reviewed each year in an effort to update individual topics by including new materials and implementing new methods to improve the effectiveness of the program.

Component -

5. Plan Review Program - A unified plan review program was established in 1970 to review the architectural plans and monitor the construction of all facilities within the scope of the food, lodging, and institutional sanitation program. Architectural plans are reviewed to insure that all facilities meet the standards set forth in the rules of Division of Health Services 10 NCAC 10A, National Sanitation Foundation Standards, the NC State Building Code, Ventilation Code, the NC State Plumbing Code, and the National Fire Protection Code 96. Plans are catalogued, filed, and documentation is established for each facility. Once construction begins, a series of visits are made to the construction site to monitor the construction of the facility and insure that the facility is constructed in accordance with the approved plan. Field sanitarians are included in the final visits in an effort to familiarize them with any outstanding problems with the facility and to train them in the construction of facilities. The program also provides the Division an opportunity to conduct research and to become acquainted with new equipment and materials.

Component -

6. In-Service Training for Sanitarians - A program for the in-service training of sanitarians has been established to inform sanitarisns of new technological developments in the field, to instruct in the implementation of new regulations or programs, to acquaint them with new problem areas or policies, and to present current topics of interest. The program is accomplished through monthly general staff meetings, quarterly meetings of the food, lodging, and institutional staff, planned lectures and field trips at specific times during the year, and educational seminars.

Component -

7. Reports - All activities involving inspections, investigations, and educational programs for food service personnel are recorded in accordance with the current edition of "The County Records Manual" as issued by the Archives and History, Department of Cultural Resources.

Component -

8. State Approved Orientation for New Sanitarians - The Environmental Health Division is a State approved orientation center for new sanitarians from across the state of North Carolina. The food, lodging, and institutional section provides a one month program for the orientation and training of new sanitarians. The trainees receive orientation in the functions of the Health Department and the Environmental Health Division and technical training and field work in all aspects of the Environmental Health program. The trainees are also tested and evaluated during the program. The County is reimbursed by the Division of Health Services for this program.

PROGRAM OBJECTIVES

During the fiscal year 1981 - 1982 the food, lodging, and institutional section will meet the following program objectives:

1. An estimated 3,514 mandated inspections will be preformed on approximately 860 food service establishments and meat markets.

2. An estimated 900 mandated inspections will be performed on approximately 677 facilities including educational, day care, residential care, and institutional facilities.

3. An estimated 858 inspections will be performed on approximately 237 seasonal facilities, including summer camps, seasonal and temporary food and drink stands, and swimming pools.

4. Approximately 3,550 compliance visits will be conducted to these facilities to insure that potential public health problems have been corrected.

5. An estimated 190 complaints concerning food, lodging, and institutional establishments will be investigated and approximately 145 follow-up visits will be scheduled to insure that all justified complaints are corrected.

6. Approximately 4 reported cases of suspected foodborne disease associated with food service and institutional facilities will be investigated. The response time on these top priority investigations will be in less than 2 hours.

7. Approximately 2 cases of communicable disease in institutions will be investigated and approximately 7 follow-up visits will be conducted to assist management in disease control procedures.

8. Approximately 6 educational programs for food service personnel and management will be planned and delivered and an estimated 800 individuals will be graduated from the 3-day schools.

9. Approximately 122 architectural plans will be reviewed for facilities inspected in accordance with 10 NCAC 10A. An estimated 389 construction site visits will be made to insure that the facility complies with the approved plan.

10. Eleven monthly staff meetings and 4 quarterly staff meetings will be scheduled to implement and maintain in-service training programs.

11. An estimated 5,214 inspection reports, 190 complaint investigation reports, 6 investigation reports of suspected foodborne or communicable disease, and 800 graduates of food service schools will be recorded and filed in accordance with current standards.

12. As a State approved orientation center for new sanitarians, we will provide orientation and training for approximately 7 new sanitarians with reimbursement provided by the Division of Health Services.

EVALUATION

The food, lodging, and institutional sanitarian program is evaluated on a daily,

quarterly, semi-annual, and an annual basis. Individual work is evaluted and reviewed daily through conferences, daily reports, and field evaluations. The program is evaluated quarterly when quarterly reports are complied and reviewed. A total program evaluation is conducted, semi-annually and annually to determine how program goals and objectives are being met and to project new goals and objectives for the forth coming periods. Annual reports are complied and reviewed at the end of each calendar year. Quality, quantity, and program effectiveness is evaluated on a continuing basis.

GUILFORD COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

OPERATIONAL PROGRAM PLAN

MILK CONTROL

PROGRAM ELEMENT: Milk Control

PROGRAM HISTORY AND STATUTORY AUTHORITY

Early public health records indicate as far back as 1909, dairies in Guilford County were visited by health officers to prohibit the sale of adulterated, diluted, impure, and unwholesome milk. The two municipal governments had milk inspection programs until their consolidation into Guilford County Department of Public Health in 1949. On March 11, 1954, the 1953 Milk Ordinance and code of the U.S. Department of Health, Education, and Welfare was adopted. This, along with the subsequent 1965 Pasteurized Milk Ordinance, served as a regulatory guide until the Guilford County Board of Health adopted the current 1978 Grade "A" Pasteurized Milk Ordinance on March 11, 1980.

NEEDS STATEMENT

The program serves to insure a safe supply of pasteurized milk for the citizens of Guilford County. Due to the concentration of three large processing plants and one receiving station within Guilford County, the clientele served extends further than the geographical boundaries of the county. Milk processed in Guilford County is consumed in 55 counties of North Carolina, and to some extent over the southeastern United States. To insure unrestricted movement of raw or pasteurized milk to interstate markets, satisfactory ratings of 90% or better on the Interstate Milk Shipper's list must be maintained.

Producer farms in a 14-county area that comprise the Guilford County raw milk shed, are also clientele. Assistance is given to producers through farm inspections, milk sampling, and recordkeeping.

ADMINISTRATION AND SERVICE DELIVERY

Guilford County conducts a complete milk sanitation control program. This program can be broken down into two separate phases: raw milk supplies by producer farms, and pasteurized milk from processing plants.

RAW MILK SUPPLY:

Guilford County has 214 producer dairies currently under permit. These dairies are located over a 14-county area. At the present, Guilford inspects 74 of these farms over a 4-county area. The State Division of Health Services has four (4) milk sanitarians inspecting 140 farms under the authorization of Guilford County in a 10-county area.

Component -

1. Farm Inspections - Dairy farms are inspected at least once every 6 months by a Guilford County sanitarian. Division of Health Services sanitarians inspect farms quarterly. Ordinance minimum requirements are one inspection within a 6 month period. All inspection records are maintained by Guilford County.

Component -

2. Farm Raw Milk Sampling - A raw milk sample from each producer dairy is collected and sampled once each month. These samples are examined for temperature, bacterial counts, antibiotics, and abnormal milk.

Component -

3. Farm Water Supplies - Private farm water supplies are checked for coliform contamination once each year.

Component -

4. Farm Herd Health - Dairy milking herds are checked for tuberculosis every 3 years. These records are maintained by Guilford County Health Department.

Component -

5. Plan Review - Plans for new construction, remodeling, and equipment changes on dairy farms are reviewed and approved prior to changes being made.

Component -

6. Educational Meetings - This department takes an active part in planning and conducting educational meetings with producer dairymen and other groups.

Component -

7. Milk Haulers - Milk haulers are trained and certified as official milk haulers. All haulers are evaluated yearly by the sanitarian assisting in dairy farm inspections.

PASTEURIZED MILK SUPPLY:

Three processing plants and one receiving station located in Guilford County provide pasteurized milk. Retail milk from other counties, but sold in Guilford County, is also monitored. All regulatory work in this area is performed by Guilford County personnel.

Component -

1. Plant Inspections - Pasteurization plants and receiving stations are inspected quarterly. Routine visits are frequent to observe day-to-day operations.

Component -

2. Pasteurization Equipment Test - High temperature, short-time pasteurization equipment and vat pasteurization equipment is tested quarterly in accordance with the Grade "A" Milk Ordinance.

Component -

3. Milk Sampling - Raw milk within the plants is sampled monthly before being pasteurized. All pasteurized milk and milk products are sampled monthly. These samples are examined for temperatures, bacterial counts, coliforms, phosphatase, and antibiotics. Samples of pasteurized milk produced in other counties but sold in Guilford County are tested for temperature, bacterial counts, coliform, phosphatase, and antibiotics once each 6 months. Sample results from the county with the pasteurization plant are secured each month, exceeding the required 4 samples on each milk and milk product every 6 months, as set forth by the ordinance.

Component -

4. Other samples - Glycol and sweetwater used in the coding process of pasteurized milk is sampled once every 6 months as required. These samples are examined for coliform organisms.

Component -

5. Retail Surveillance - The handling and storage of milk and milk products in retail outlets is evaluated, and corrective action is initiated when necessary to comply with the Grade "A" Pasteurized Milk Ordinance.

Component -

6. Plan Review - Plans for new construction, remodeling, and equipment changes at processing plants are reviewed and approved prior to changes being made. Visits are made during renovation to insure ordinance requirements are met.

Component -

7. Complaints - Complaints are investigated promptly and corrective actions are initiated. Records of justified complaints are kept on file at the County Health Department.

Component -

8. Reports - All activities involving regulatory action, dairy or plant inspection, sample collection, laboratory results, and investigation are recorded.

PROGRAM OBJECTIVES

The Milk Control Program objectives for the year 1981 are as follows:

1. Perform 150 farm inspections.
2. Analyze 1,000 raw milk samples.
3. Analyze 200 farm water supply samples.
4. Schedule tuberculosis test for 70 milking herds.
5. Perform evaluations on 9 milk haulers.
6. Review plans to remodel or build 10 new milking facilities.
7. Perform 20 processing plant and receiving station inspections.
8. Perform 24 processing plant equipment tests.
9. Analyze 550 retail milk samples.
10. Perform 150 compliance visits.
11. Investigate approximately 15 complaints.

EVALUATION

Program evaluation takes place daily through field supervision, analysis of laboratory reports, inspection records, and equipment testing.

Comprehensive program evaluation takes place at the time of the federal survey. This survey is made by the state milk sanitation rating officers who have been certified by a USPHS/FDA representative. These listed ratings are made at a frequency of not less than every 24 months. The ratings include the sanitation compliance ratings of producing farms, receiving stations, pasteurization plants, and the pasteurized milk and enforcement methods of the supervising agency

The current ratings for Guilford County are as follows:

	Borden	A&P	Flav-o-Rich	(Receiving Station) Dairymen, Inc.
Date:	1/80	9/79	9/79	8/79
Raw milk sold to plant:	94%	92%	92%	92%
Pasteurization plant or Receiving station	94%	92%	91%	93%
Pasteurized milk	94%	92%	92%	---
Enforcement methods	98%	99%	98%	98%

The federal survey is validated by check ratings made periodically by USPHS/FDA field personnel. These occur 6 months after the official rating and prior to the next survey.

GUILFORD COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

OPERATIONAL PROGRAM PLAN

HEALTH HAZARDS

PROGRAM ELEMENT - Health Hazards

PROGRAM HISTORY AND STATUTORY AUTHORITY

The development of the Health Hazards program coincides closely with the evaluation of the Guilford County Health Department. Before the turn of the century citizens of Guilford County recognized the need to pass ordinances to protect the public from health hazards. In 1897 such an ordinance was passed to control waste from pit privies. Investigations regarding other health hazards were conducted and the hazards abated as early as 1912. The 1919 Sanitary Privy Law as adopted by the State in an effort to control hook worm. As population increased and the standard of living improved, additional regulations were required to control health hazards and to produce a sanitary environment for the citizens of Guilford County.

The North Carolina Rabies Law was enacted by the State in 1935 under the authority of paragraphs 106-364 to 106-387 of the General Statutes of North Carolina.

The Guilford County Board of Health adopted Regulations Governing Health Hazards and Potential Health Hazards in 1969 pursuant to the authority granted in G.S. 130-17. The State adopted Rules and Regulations Providing Standards for Solid Waste Disposal in 1971 under the authority granted in Article 13B of Chapter 130 of the General Statutes.

Other guidelines, standards, and policies used in the abatement of health hazards include: State bulletin 486 "Mosquitos and Their Control", and State bulletin 466 regarding Impoundment of Water, Division of Environmental Health Policy and Procedures Manual,and Petroleum, Chemical, and Other Hazardous Material Spills and Accidents (developed by the Division of Environmental Health in 1977 and revised in 1979), and the North Carolina Agricultural Chemical Manual.

NEEDS STATEMENT

The health hazards program is designed to protect the public health of the residents of Guilford County by identifying health hazards and potential health hazards and planning, coordinating, initiating, and monitoring procedures designed to eliminate or effectively control pathogenic agents and environmental **hazards** before they can affect the health of the public. The program includes: Solid and Hazardous Waste Management, Vector Control, Mosquito Control, Rabies Control, and environmental investigations and surveys. The need for the protection and advancement of the public health through the identification and elimination of health hazards and potential health hazards is of great significance in metropolitan areas such as Guilford County. The continued localization of a large population and industries producing hazardous and solid waste constitutes an increased potential for the occurrence of pathogenic agents and the transmission of disease.

ADMINISTRATION AND SERVICE DELIVERY

The Division of Environmental Health conducts an environmental hazards program designed to identify, control and/or eliminate health hazards and potential health hazards. The program is composed of the following components:

Component -

1. Solid and Hazardous Waste Management - A program for the management of solid and hazardous waste is conducted to insure the proper storage, collection, and disposal of solid and hazardous waste.

   The Division of Environmental Health enforces Guilford County Board of Health Regulations Governing Health Hazards and Potential Health Hazards with regard to the storage, collection and disposal of solid wastes.

   Problems regarding solid waste are investigated, analyzed and a course of action is taken to abate the problem. Follow-up procedures are conducted to insure elimination of the potential hazard.

   The collection vehicles used by private contractors are inspected annually.

   In the event of contamination or potential contamination of the environment as a result of an accidential spill or the intentional dumping of hazardous materials, the Division of Environmental Health has been designated as an on-scene coordinator of operations to contain, identify, and clean-up hazardous materials before they can adversley affect the public health or the environment. A response team of specially trained sanitarians is maintained to respond to reported emergency hazards on a 24-hour basis. The sanitarian coordinates procedures to contain, identify, and clean-up hazardous materials with local fire, police, state patrol, and other agencies involved in the problem. Clean-up operations are monitored to insure the elimination or effective control of the hazard.

Component -

2. Vector Control - A program for the identification and control or elimination of disease vectors of public health significance is conducted to prevent the spread of vector borne disease.

   The Division of Environmental Health enforeces Guilford County Board of Health Regulations Governing Health Hazards and Potential Health Hazards with regard to the control of disease vectors. Complaints are investigated and surveys are initiated to identify problems regarding disease vectors. Individual problems are investigated, analyzed and a course of action is prescribed to control and/or eliminate the vector. Follow-up procedures are conducted to insure elimination of the potential hazard.

   Rodenticide bait is mixed and distributed in problem areas in accordance with NC Department of Agriculture and US Environmental Protection Agency regulations.

   Education of the public with regards to vector control is accomplished through personal contact and the distribution of literature.

Component -

3. Investigations - Complaints or requests for service concerning health hazards or

potential health hazards are recorded and investigated. The problem is analyzed and corrective procedures are prescribed. The problem is subsequently monitored, and if necessary, additional action is taken until the potential hazard is abated.

Component -

4. Surveys - Environmental block surveys are conducted on a house-to-house basis in order to eliminate health hazards and potential health hazards. The residents of the survey area are contacted and informed of the purpose of our visit. Community check lists are issued with a written description of improvements needed. Items of concern include: unapproved water supplies, malfunctioning septic tank systems, rubbish, trash, garbage, uncontrolled vegetation, animal pens, building materials or any debris that might afford harborage for rats or other disease vectors. Follow-up visits are made to observe improvements.

   Surveys of community water supplies and sewage disposal systems are also conducted in mobile home parks and recreational campgrounds.

Component -

5. Reports - The results of complaint investigations, and tabulated results of surveys and other activities involving vector control, rodenticide distribution, rabies control, mosquito control, and narrative reports on hazardous and solid waste management are recorded and kept on file.

Component -

6. Rabies Control - A program is conducted for the control and monitoring of rabies.

   The Division of Environmental Health participates in the development and promotion of rabies vaccination clinics. Clinic dates and locations are coordinated with area veterinarians. Bulletins are prepared, printed, and distributed to numerous locations throughout the county. Promotional signs are prepared, distributed to and recovered from the various clinic sites. Records of vaccinations are kept.

   Records of animal bites are kept and the proper authorities notified. Evaluation of situations involving animal bites are made and the appropriate action taken. Confinement orders may be issued. If confinement orders are issued, follow-up procedures are conducted to assure compliance with the order.

   Animal specimens are stored and shipped for analysis.

Component -

7. Mosquito Control - A program for the control of mosquitos and mosquito breeding areas is conducted.

   The Division of Environmental Health enforces Guilford County Board of Health Regulations Governing Health Hazards and Potential Health Hazards with regard to mosquito control.

   Education of the public with regards to mosquito control and impoundments of water is accomplished through personal contact and the distribution of literature.

   Problems regarding mosquitos and mosquito breeding are investigated, analyzed,

and a course of action is taken to control or eliminate the hazard. Follow-up procedures are conducted to insure that proper action has been taken to control mosquitos and mosquito breeding.

Component -

8. Mosquito Surveillance Program - A program is conducted to monitor populations of Aedes Aegypti mosquitos in Guilford County. The program is in conjunction with the NC Division of Health Services, Vector Control Branch, and with the Center for Disease Control in Atlanta, Georgia. The information gathered is used to predict disease potential (i.e. Dengue Fever) in specific areas, and the likelihood for disease transmission.

   Specific locations conducive to mosquito breeding are located. Permission is obtained from property owners to set up monitoring stations.

   Ovitraps are placed at selected sites within the city of Greensboro. Samples from approximately 30 traps are collected weekly and the ovitrap is recharged for the next sampling period.

   Samples are packaged and mailed directly to CDC in Atlanta for analysis. Results are compiled and distributed to the participating agencies.

PROGRAM OBJECTIVES

During the fiscal year 1981/1982 the Health Hazards program will meet the following objectives:

1. Investigate approximately 600 general complaints regarding the disposal of solid and hazardous wastes.

2. Respond to approximately 60 calls regarding spills of hazardous materials. Coordinate the containment and clean-up of these spills.

3. Investigate 350-400 complaints involving vector control. The bulk of these complaints will be in reference to rodent control.

4. 900-1000 pounds of rodenticide will be mixed and distributed to county residents.

5. Approximately 24 environmental block surveys will be conducted involving potentially hundreds of households.

6. Approximately 80 rabies vaccination clinics will be held. Promotional signs will be prepared and distributed to the various locations, requiring at least 160 visits and the placement of 90-100 signs. 5000 promotional bulletins will be printed and distributed.

7. Approximately 60 visits will be made in reference to the breeding and control of mosquitos.

8. Set-up and sample 30 ovitraps for surveillance of Aedes Aegypti mosquito populations in the county. Sampling will be conducted weekly for a period of 25 to 30 weeks. Approximately 750 samples will be collected.

EVALUATION

The Health Hazard program is evaluated on a daily, quarterly, semi-annual, and annual basis. Daily evaluation is accomplished by the review of daily reports, conferences, by direct field evaluations, and by feedback from county residents. The program is evaluated quarterly when quarterly reports are compiled and reviewed. A total program evaluation is conducted semi-annually and annually to determine that program goals and objectives are being met and to project new goals and objectives for forth coming periods. Annual reports are compiled and reviewed at the end of each calendar year. Quality, quantity, and program effectiveness is evaluated on a continuing basis.

GUILFORD COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

OPERATIONAL PROGRAM PLAN

INDIVIDUAL WATER AND SEWAGE DISPOSAL

PROGRAM ELEMENT: Individual Water and Sewage Disposal

PROGRAM HISTORY AND STATUTORY AUTHORITY

The citizens of Guilford County adopted a local ordinance designed to control the spread of communicable disease through the regulation of sewage as early as 1897. By 1909 a local ordinance had been adopted to control the construction of sanitary privies. Tabulated accounts of well and sanitary privy inspections began to appear in the annual report in 1912. The State adopted sanitary privy standards in 1914. The Sanitary Privy Law was adopted by the State in 1919 under the statutory authority of Chapter 71. The Guilford County Board of Health adopted Regulations Governing Design, Construction Installation, Cleaning, Repairing, and Use of Septic Tank Systems in Guilford County in 1950 under the authority of Section 19 of Chapter 30 of the General Statutes. These regulations were revised in 1955 and amended in 1958.

The State adopted Rules and Regulations Governing the Disposal of Sewage in 1958 under the statutory authority granted by G.S. 130-160. An Act to Authorize the Division of Health Services to Require All Public Water Supply Systems to Meet Certain Requirements was adopted in 1972 by the State under the authority granted by G.S. 130-161.1.

The State adopted Standards and Criteria for Design and Construction of Public Water Supply Systems to Serve Residential Communities in 1974 under the authority of Article 13 of Chapter 130 of the General Statutes.

The Guilford County Board of Health adopted Rules and Regulations Governing Septic Tank Systems in Guilford County in 1976 under the authority of G.S. 130. The State adopted Laws and Rules for Ground Absorption Sewage Disposal Systems of 3000 Gallons or Less Design Capacity in 1977 under the authority of Article 13C of Chapter 130 of the General Statutes.

NEEDS STATEMENT

The primary goal of the Water and Sewage Disposal section is to protect the health of the citizens of Guilford County by controlling and eliminating the spread of water and sewage borne disease through the identification and correction of unapproved water supplies and malfunctioning septic tank systems before they can affect the health of the public. The most important element of this program is designed to insure that the design and construction of all new wells and septic tank systems (and all existing systems being repaired or renovated) be approved and that all systems will be properly installed, only on lots with suitable soil and topographical characteristics. The need for the protection of the public health has increased dramatically with the growth of the rural population and the subsequent increase in the number of individual wells and sewage disposal systems. A constant vigilance will be necessary to meet the future needs for the planned prevention of rural public health problems associated with water and sewage borne disease.

ADMINISTRATION AND SERVICE DELIVERY

The Division of Environmental Health has developed a work plan for individual (on-site) water and sewage disposal in accordance with the guidelines established by the Division of Health Services as set forth in 10 NCAC 10A .1700. The plan includes the following components:

Component -

1. Water Supplies - An individual (on-site) water supply program is conducted to assist individuals with the development and maintenance of a safe water supply. Individual water supply systems are inspected upon request. Improvements needed to bring the well up to standards set forth in "Rules Governing the Protection of Private Water Supply", 10 NCAC 10A .1700 are identified and recommendations for the proper protection of the well are prescribed to the owner. Once the well has been properly protected, water samples are collected in accordance with the procedures prescribed by the Laboratory Section of Division of Health Services and submitted to the Guilford County Health Department Laboratory for bacteriological analysis. Water samples are collection from when a physician requests the samples for the confirmation of suspected water borne illness. When approved by the Director of the Environmental Health Division, water samples are collected and sent to the Laboratory Section of Division of Health Services for chemical analysis. A record of each individual water supply inspection and bacteriological or chemical analysis is maintained on file. The policies and procedures outlined in the State Engineering Section publication Sanitation Manual of 1976 are followed to assure the safety of individual water supplies.

Component -

2. Sewage Disposal Systems - A sewage disposal program is conducted in accordance with the provisions of 10 NCAC 10A .1700 "Sewage Disposal Systems", and the Guilford County Board of Health Regulations Governing Design, Construction, Installation, Cleaning, Repairing, and Use of Septic Tank Systems in Guilford County.

   Applications for Improvements Permits are reviewed before any approval is given to the proposed site. Information concerning the location of property lines, proposed buildings, drive-ways, parking areas, swimming pools, and wells must be established. A field investigation is made to establish these factors and to perform a soil evaluation, percolation tests, and to evaluate the topography, and drainage characteristics of the area. Owners and developers with lots meeting requirements for classification as suitable or provisionally suitable for ground absorption sewage disposal systems are issued an Improvements Permit. A drawing of proposed structures, including drive-ways, parking and other paved or compacted areas, and the location of the septic tank system, including any restrictions, recorded easements, or special instructions to the septic tank contractor or builder are recorded on the back of the permit.

   Lot evaluations are also performed on large parcels of land which are being subdivided for sale to prospective home builders. Preliminary subdivision plats are received from the County Planning Department. Necessary soil evaluations are performed on each lot and the results of field investigations and any lot restrictions are recorded on the plat for individual lots. Plats are signed by the Director of Environmental Health and returned to the Planning Department for final approval. After the lots are recorded, Improvements Permits may be issued on approved lots if an on-site evaluation confirms that the proposed structure is suitable for the lot.

Field investigations are also made when proposed building additions might interfere with an existing septic tank system or when the repair of a malfunctioning system is required. Improvements Permits specifying these special conditions are issued when any work on the system is necessary.

Final inspections are performed on all septic tank installations to assure that the design, construction and installation of the system is in compliance with the Improvements Permit and that it meets all current standards. A Certificate of Completion is issued for all systems meeting the standards and requirements. A drawing of the system and all structures including the location of the well arerecorded on the back of the Certificate. A copy of all Certificates of Completion is maintained in this office and another copy is forwarded to the Guilford County Building Inspections Department. Records of Improvements Permits, denials and issuances, and Certificates of Completion, denials and issuances, are kept on file. Policies and procedures concerning sewage disposal as provided in the Sanitary Engineering Section publication Sanitation Manual are followed.

Component -

3. Investigations - Each complaint or request for services involving individual (on-site) water and sewage disposal is recorded, investigated, and corrective actions are prescribed and initiated. Complaints or requests for services, and records of actions taken are recorded and kept on file.

Component -

4. Surveys - A survey plan for locating, identifying, and correcting malfunctioning individual sewage systems has been developed and implemented.

   Surveys for locating and identifying public water supplies are also conducted. This information is compiled and kept on file at this department and also forwarded to the NC Department of Natural Resources and Community Development, Division of Environmental Management Regional Office.

Component -

5. Research and Evaluation - The Environmental Health Division has developed a program in conjunction with NC State University to research and evaluate new alternatives to the conventional on-site sewage disposal system.

   Local, regional, state, and national conferences are attended to learn about new systems and possible revisions to conventional systems. Thorough studies are made of research information, data, field operations in other localities, design criteria, etc., for determining possible and projected applications in Guilford County.

   Using established criteria, including soil conditions, design, percolation rates, and other applicable information, proposals are presented to the County Board of Health for consideration and approval. If criterias are met and the property owner so desires, permits may be issued for experimental installations under strict guidelines of this department.

   Installations are inspected and performance monitored for established periods of time and at specific intervals. Inspection and performance records of experimental systems are compiled, reviewed, and filed.

Component -

6. Reports - All activities involving water supplies, sewage disposal systems, investigation, and surveys are recorded in accordance with the current edition of "The County Records Manual" as published by Archives and History, NC Department of Cultural Resources.

PROGRAM OBJECTIVES

During the fiscal year 1981/1982 the water and sewage disposal section will meet the following program objectives:

1. An estimated 1500 well inspections will be performed and approximately 1100 water samples will be collected and analyzed.

2. An estimated 1500 lot evaluations will be performed and approximately 425 permits for new installations will be issued.

3. An estimated 350 repair permits will be issued and approximately 400 systems will be evaluated for house additions.

4. Approximately 400 new installations and 300 repairs will receive final inspections.

5. Approximately 60 visits will be made to evaluate and monitor the performance of 15 alternative sewage disposal installations.

6. Approximately 6 surveys will be conducted and an estimated 250 on-site sewage disposal systems will be evaluated.

7. Approximately 250 complaints will be investigated and an estimated 400 follow-up visits will be required to secure corrections.

8. A 16 hour soil school will be presented which will include at least 8 hours of lecture and 8 hours of field training.

9. An estimated 775 Improvements Permits, 700 Certificates of Completion, 275 sub-division plats, 250 complaint investigations reports, 6 survey reports and 60 reports on alternative sewage disposal systems will be recorded and filed in accordance with current standards.

EVALUATION

The water and sewage disposal section program is evaluated on a daily, quarterly, semi-annual, and annual basis. Individual work is reviewed daily through conferences, daily reports, and field evaluations. The program is evaluated quarterly when quarterly reports are tabulated and reviewed. A total program evaluation is conducted semi-annually and annually to determine that program goals and ojbectives are being met and to project new goals and objectives for the forth coming periods. Annual reports are compiled and reviewed at the end of each calendar year. Quality, quantity, and program effectiveness is evaluated on a continuing basis.

HEALTH ASSURANCE SECTION

I. MISSION

To assure optimal health for the people of the community through promoting healthful lifestyles, improving the well-being of persons with chronic health problems and ensuring access to health resources for those in need.

II. GOALS

A. Lifestyle: Encourage voluntary adoption of positive personal behavior relative to substance use (emphasizing tobacco, alcohol and drugs), stress, nutrition, physical fitness, accident prevention and environment.

B. Well-being: Assist persons in the community with chronic health problems in living to their optimal capacity.

C. Access to Health Resources: Improve access to and utilization of health resources by populations having health risk factors including those with chronic illnesses and the medically underserved.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT HEALTH PROGRAM

CHRONIC DISEASE CONTROL PROGRAM

Program Element: Chronic Disease Control Program (278), Hypertension Program (275)

Program History & Statutory Authority:

The Chronic Disease Control Program was started in February, 1978, through a grant from the Department of Human Resources and follows the guidelines issued by the Division of Health Services. Due to limited financial resources, the program can only maintain an active roster of 315 patients at any given time.

Needs Statement:

Residents of Guilford County who are 18 years of age and older who do not have access to primary care from another resource and meet the financial requirements are admitted. They must have a diagnosis of diabetes, hypertension, and/or cardiovascular diseases.

Administration & Service Delivery:

Referrals are made to this program by Chronic Disease Screening, Adult Health Nurses, private physicians, and Moses Cone Hospital Outpatient Department.

The patients receive continuous, comprehensive ambulatory health and medical care 5 days a week during agency hours. Other than these hours, they will receive treatment for acute problems at Moses Cone Memorial Hospital Emergency Room. Medical care in the clinic is provided by a Family Nurse Practitioner full time and two physicians for a total of 5 hours a week.

Mechanisms for delivery of this care are:

Nursing personnel manage the clinic.

Financial eligibility is determined by the Crippled Children's criteria.

The problem Oriented Health Record is used. Management Support collects identifying information and types progress notes. Records, tickler cards, and control cards are maintained in a central file room.

The health department pharmacist, during clinic hours, provides prescribed medications for patients who lack alternative sources of supply. Pharmacy services are provided in accordance with North Carolina GS 90-18.1 and other applicable Federal and State laws.

Quality controlled laboratory services are provided to clients of the Chronic Disease Control Program in accordance with standard program guidelines and Division of Health Services laboratory manual. These testing procedures are in the area of hematology, urinalyses, bacteriology, syphilis serology, parasintology, and miscelloneous testing.

Nutrition education is provided to the patients, one on one, by the nutritionist 8 hours weekly. Nursing staff provides this service at other times and does additional group teaching.

The nursing or medical staff plans for secondary and tertiary care as needed.

The Health Educator for Adult Health is used as a resource person.

"CHRONIC DISEASE CONTROL PROGRAM"

Program Objectives:

1. By 6/30/82, 35% (90) of individuals __ 3 years of age entering the local health department (LHD) for services will be screened for elevated blood pressure.

2. By 6/30/82, 85% (85) of those persons with initially elevated blood pressure who continue to use the clinic will have two additional blood pressure readings within six (6) weeks.

3. By 6/30/82, 90% of the individuals being followed by the clinic are receiving treatment within three (3) months.

4. By 6/30/82, 50% (50) of patients under treatment and being followed by the LHD achieve control limits with minimal side effects within three (3) months and ____% (90) within six (6) months.

5. By 6/30/82, 90% of clinic patients are under control for three out of four quarter periods for each year of treatment.

6. By 6/3082, 66% (50) of the patients under treatment and being followed by the local health department achieve goal blood glucose within three (3) months and 90% within six (6) months.

7. By 7/30/82, the health educator will review the curriculum with appropriate staff and make additions or changes needed to update or otherwise strengthen its usefulness.

8. By 6/30/82, to participate in monthly planning conferences with the Adult Primary Care staff and to respond to staff-initiated opportunities for health education on other occasions.

Methods:

1. Patients will be seen by the medical staff at intervals as described in Chronic Disease Control Program manual.
2. Nurse monitoring as requested by medical staff.
3. The pharmacist dispenses prescribed medications, except to Medicaid recipients, and individually counsels all patients and maintains a medication chart in their records.
4. Tests performed by the agency's laboratory are hematology, urinalyses, bacteriology, and miscellaneous testing.
5. The state laboratory performs all blood chemistries and other miscellaneous tests.
6. Diagnostic procedures which are not available in the health department are referred to other sources with guidance from the clinic coordinator in obtaining the needed care and resources for payment.
7. The nutritionist will give one on one counseling to the patients.
8. The nutritionist will conduct monthly nutritional updates for the nursing staff to increase their proficiency in therapeutic counseling.
9. Diabetic and hypertension classes are held routinely by the adult health nurse to educate the patients toward better control of the disease process.

10. The health educator provides educational materials and serves as a resource person for the staff.
11. Home visits are made by the Adult Health nursing staff for assessing the environment, counseling and monitoring, and rescheduling broken appointments.
12. Records are reviewed to be certain all recommendations are completed. This is, also, a part of the record audit.
13. The X-Ray Department provides services as ordered by the medical staff.

14. The health educator will provide educational materials for the use of staff members who work directly with individuals served within Adult Primary Care i.e. the 5-lesson curriculum for patients.
15. The health educator will serve as consultant and resource person to Department of Public Health personnel who have direct contact with patients.

Evaluations:

Each method will be monitored on a quarterly basis to ascertain if the methods designed to meet the objectives are successful.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT HEALTH PROGRAM

"CHRONIC DISEASE DETECTION"

Program Element: Chronic Disease Detection

Program History and Statutory Authority:

Detection and treatment of chronic diseases in the adult population, of 18 years and older, of Guilford County citizens, has been a long-standing service provided by Guilford County Department of Public Health; though limited in services offered and spotty in distribution in its early beginnings. For more than 25 years a Cancer Detection Clinic has been held in cooperation with the American Cancer Society and the North Carolina State Board of Health. The services of this clinic are available to both indigent and non-indigent adults. A Medical Clinic for indigent adults was a part of our Health Department services from 1950 to 1974, at which time they were transferred to the Moses H. Cone Memorial Hospital Out-Patient Department. In May, 1970, Multiphasic Screening Services began as a joint venture of the department of Health and the North Carolina Department of Human Resources. These services which began in one census tract in Greensboro, have become county-wide in scope. Now known as Chronic Disease Detection, clinics are held on a regular basis in two permanent sites, one each in Greensboro and High Point. In addition, five monthly clinics are held in cooperation with the Lions Clubs in Greensboro, High Point and rural Guilford County, in communities and in business and industrial firms. Screening is done for Glaucoma, Diabetes and Hypertension. It was soon apparent from the results of these Chronic Disease Detection Clinics that medical services were needed for those patients found to have chronic health problems, who were indigent and who had no access to health services. Medical Out-Patient Services, located in High Point Memorial Hospital opened July, 1973 to provide primary health services to indigent adults. The existing Out-Patient services in neither Greensboro nor High Point were available to all needing health care. In March, 1977, adult medical services were started for patients who were screened for chronic diseases in our Southside Clinic in High Point. Patients who are low income, do not have access to private care and who do not qualify for the Out-Patient Clinic at High Point Memorial Hospital are admitted. In February, 1978, through a grant from the North Carolina Department of Human Resources, an Adult Primary Care Clinic was opened to treat financially eligible adults who have either diabetes, hypertension or chronic cardiovascular problems. In these clinics patients are examined by Family Nurse Practitioners and/or medical doctors to establish the diagnosis. Some patients, assisted by a staff, make private medical care arrangements; other patients are eligible and are referred to the Medical Out-Patient Clinics; the remainder receive their health services in the Adult Primary Care Clinic. In 1976, a grant was received which established a Hypertension Program. The thrust of this program is to reach the high risk individuals and bring them to treatment. Screening takes place on a door to door basis in communities, in small industries, in the waiting rooms of Department of Social Services, in housing projects, in waiting rooms of all health department clinics and in high rise apartments for the elderly. Treatment for those found in need is provided either privately (small number) or in Hypertension Diagnostic and Treatment Clinic. This latter clinic was blended into the Adult Primary Care Clinic when it opened in 1978.

"Chronic Disease Detection"

Counseling adult patients regarding good health practices and those with diagnosed chronic conditions has been a traditional public health nursing function. In 1976, a change was made in staffing patterns. Adult health services were assigned to one group of public health nurses in order to better meet the needs of the increasing number of older adults. The focus of our service, whether in groups or on a one to one basis, is to assist the individual to achieve his highest level of wellness. Services provided include counseling, detection of early signs and symptoms of illness, monitoring of regime (drugs, diet, etc.) and assistance when necessary to obtain medical care whether in private of clinic resources.

We are currently following the "Program standard, essential components, rules, and recommendations for local health departments" provided by the North Carolina Division of Health Services and local guidelines as set forth in a health department policy manual.

Needs Statement:

The projected population of Guilford County for April, 1980 is 322,413 of which 213,894 or 66.2% are 20+ years of age. Based on the Chronic Disease Branch screening data since 1968, if all persons age 20 and over were tested for chronic diseases, approximately 18% would be found to have chronic conditions requiring treatment by a physician. This means that we have 38,501 persons in Guilford County at risk. Our goal is to reduce disability and mortality by identifying and bringing to treatment those persons with abnormalities related to chronic diseases, such as hypertension, cancer, diabetes, cardiovascular renal problems and glaucoma.

Administration and Service Delivery:

Patients are seen by appointment no more frequently than one time a year. At this visit the patient receives the following services:

The clinic management support staff registers patients, collecting data for master cards, history forms, control cards and various other test forms. They maintain a filing system for these completed results.

The chronic disease secretary makes all clinic appointments, prepares laboratory log, and maintains a reporting and follow-up system on all patients to the Health Assurance Section in Raleigh, to clinic nurses and private physicians, following the guidelines of the Division of Health Services.

The health educator conducts class sessions 4 or 5 times each week for new patients. These sessions relate to examinations and tests provided by the clinic; and place emphasis on the value of sound health practices to maintain good health and to lengthen life. For example: using good techniques of teaching and varied visual and tactile aids, such basic facts as the importance of early cancer detection and treatment, breast self-examination for women, basic understanding of high blood pressure and diabetes are taught in a short time span.

Health history

Blood pressure, pulse, weight and height

Urinalysis

Chest x-ray or Tuberculin skin test as indicated

"Chronic Disease Detection"

Blood test (SMA-12, Hematocrit, and VDRL); other blood tests available on a selected basis are SMA-6, T3, T4, FTI, Iron Binding Capacity and Serum Iron.

Physical assessment which includes pap smear, oral exam, skin, hemoccult and breast exam. These tests are performed by Registered Nurses who have received additional training through the Omni Breast and Pelvic Modules and the Duke University Breast Detection Training Program.

Other services available on a selected individual basis are E.K.G., Gonorrhea Culture and smear.

In Greensboro, additional services are offered:

Glaucoma testing by Registered Nurses who have received additional training at McPherson Hospital in Durham.

A more complete exam for males which includes oral, skin, hemoccult, prostate and testicle. This is done by a male Registered Nurse who has received additional training.

Referral of abnormal findings are made in accordance with state recommendations. Written guidelines for referral are found in the health department chronic disease detection policy manual.

The laboratory provides and insures the provision of quality assured services. Testing procedures include hematocrit determinations and urinalysis.

Referral and Follow-up:

There is a written plan in the health department policy manual for referral and follow-up. Monthly contact is made and documented for up to 6 months to insure that patient has received medical evaluation.

Component:

There is a quarterly program review by the chronic disease detection staff as set forth by the N.C. Chronic Disease Detection and Control using the current planning system of the Division of Health Services. This clinic has devised a record system which tracks or documents the individual patient screened, referred and brought to treatment.

Health Education, Recruitment and Standard:

There is a written plan in the health department policy manual establishing procedures for health education and for the systematic recruitment of the target population as set forth by the N.C. Chronic Disease Detection Branch.

Program Objectives:

1. By June 30, 1982 to screen 8000 residents 18 years of age and over, concentrating on persons in the 45 years and above age group, for chronic diseases i.e., hypertension, glaucoma, cancer, diabetes, cardiovascular, renal diseases, and refer an expected 1360 persons (18%) for medical evaluation. To bring to treatment 100% of those referred with one or more chronic conditions through early detection, prompt referral and follow-up.

2. Cancer Screening

By June 30, 1982, 90% of all individuals at risk for cancer of the cervix, breast, mouth, colon, rectum, and lung shall be identified.

By June 30, 1982, 100% of those individuals who had positive findings from screening shall be confirmed to have cancer through referrals to a physician.

By June 30, 1982, 90% of all patients confirmed to have cancer shall be referred for treatment, and the treatment modality shall be documented.

By June 30, 1982, 95% of all patients receiving cancer screening services shall be educated about the risk factors for cancer, to reduce the risk of cancer for each patient.

By June 30, 1982, 90% of patients with previous positive results or with significant risk factors will be maintained by surveillance or monitoring.

3. Kidney Disease Control

By June 30, 1982, 90% of those individuals with abnormal renal function shall be identified.

By June 30, 1982, 90% of those people with abnormal function will have had their disease state confirmed.

By June 30, 1982, 90% of those people with confirmed renal dysfunction will have an appropriate referral source determined and treatment modality documented.

4. Glaucoma Program

By June 30, 1982, 90% of individuals entering the clinic for service are screened for glaucoma according to the comprehensive screening protocol.

By June 30, 1982, 100% of those with confirmed elevated IOP will be referred for diagnosis by an eye care specialist.

By June 30, 1982, 90% of the individuals referred by the clinic will be evaluated by an eye care specialist within three (3) months.

By June 30, 1982, 90% of the individuals who were screened by the local health department will have documented follow-up annually.

5. Diabetes Program

By June 30, 1982, 90% of individuals entering the clinic for services are screened (symptoms and signs) for diabetes.

By June 30, 1982, 90% of the individuals with initially abnormal lab values will be rescreened within two weeks utilizing fasting glucose level, the two-hour post prandial test, and/or urinalysis.

By June 30, 1982, 90% of the individuals with a confirmed, newly documented elevated fasting, glucosuria and/or two-hour post prandial will be evaluated by a physician within one (1) month and the treatment modality documented.

"Chronic Disease Detection"

Methods:

1. To continue screening patients in all health department clinics throughout the country.
2. To continue blood pressure screening of clients in the waiting room of the Department of Social Services and to encourage them to attend screening clinics.
3. To continue outreach workers visiting door to door in high risk neighborhoods to take blood pressures and to encourage people to attend screening clinics.
4. To continue to participate in Health Fairs by screening, health education, referring and follow-up.
5. Have public health nurses screen patients and family members in the home setting and outlying clinics and encourage people to attend screening clinics.
6. Health Educators will continue to use posters and other visual aides in the clinic waiting rooms and other appropriate places to interpret and recruit people to attend screening clinics.
7. Health Educator will participate in clinics by providing educational programs and materials.
8. Health Educator will participate in clinics by formal class presentations.
9. Health Educators will continue to provide educational programs for the community via TV, radio, group meetings and to provide educational materials for the community at large, as well as for special groups.
10. Public health nurses will follow all persons referred for medical evaluation to assist them to obtain the most appropriate source of care.
11. Public health nurses will secure results of medical evaluations from private sector, clinics or from the patient.
12. Public health nurses will follow up to assure compliance with the treatment plan and to provide education and counseling.

Evaluation:

Each method will be monitered on a quarterly basis to determine whether or not the methods were appropriately designed to enable us to reach our objectives.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT HEALTH PROGRAM
HOME HEALTH

Program Element: Home Health 357
Home Health Grant (Expanded Services) 340

Program History and Statutory Authority:

Nursing care to the ill in their homes goes back to the turn of the century in Greensboro and since 1917-18 flu epidemic in High Point. In 1949 three health departments combined and bedside nursing was extended to all county residents.

Our agency was given Provider Identification #34-7003 in 1966 when we met requirements as a provider of services (nursing, physical therapy and aide) under Health, Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act).

In July 1979, Home Health received a grant through the Chronic Disease Branch, Division of Health Services, to extend and expand in-home services.

Needs Statement:

The latest projected population in Guilford County in April 1980 (1980 census unavailable until March 1981) shows:

1. There are approximately 30,935 persons in Guilford County age 65 and above; and 284,324 persons under age 65. Based upon national standards used to estimate population in need of home health services, the estimated number persons in need is as follows:

			% of need met last FY:
10% of 30,935 age 65 +	=	3,093	21.3%
0.5% of 284,324 under age 65	=	1,421	15.6%
		4,514	36.9%

However, 250 maintenance visits were also made (but statistics not broken out "under and over age 65"). This would add another 5% to needs met out of the 4,514 population in need, making a grand total of 41.9% of needs being met by our Home Health staff.

2. For residents in high rises for the elderly and rest home for severely handicapped:

High Point	400
Greensboro	350
Bell House, Greensboro	22
	772

These public housing residents are particularly vulnerable to health problems for various reasons: approximately 75% have incomes under $260/mo.; live alone, many with no family in community; advanced age; some with no physician except through out-patient clinics.

Services provided include skilled nursing care, home health aides, physical therapy, nutritional counseling, health screening and appraisal, counseling, teaching and monitoring of patients with chronic diseases, and instruction in preventative and restorative health practices.

Administration and Service Delivery:

The Home Health Agency of the Guilford County Department of Public Health presently provides skilled nursing, home health aide, physical therapy, and nutritional services. The professional staff currently consists of two Public Health Nursing Supervisor II's, two Public Health Nurse III's (team leaders, one in High Point and one in Greensboro), two Public Health Nurse II's (hospital-liaison responsibilities, eight Public Health Nurse I's, four Licensed Practical Nurse II's, ten Community Health Technicians, and one Nutritionist I. This staff is assisted by four management support persons (two in the High Point office; two in the Greensboro office).

In addition to leadership responsibilities, the team leaders provide direct patient care 50% of the time. The Public Health Nurse II (Greensboro office) has full-time liaison duties with Moses Cone and Wesley Long hospitals in Greensboro to plan for continuity of care between the community and the hospital. The PHN II (High Point office) gives 25% of her time in liaison activities to High Point Memorial Hospital and L. Richardson Hospital and the remaining 75% of her time to direct patient care. Each team has a full-time physical therapist, with plans to obtain contractual services two days per week beginning February 1981. The nutritionist provides direct counseling to patients, consultation and education to the staff and community. Her time is shared with Primary Care Clinic, Adult Health and other services. (Home Health 60%; Primary Care 20%; Adult Health and other services 20%). Two nurses were added to each team with grant funds and provide both skilled nursing and maintenance services to residents of high rises for the elderly and handicapped.

During the fiscal year 1979-80, the agency provided care to 882 patients, making 18,059 visits. The staff coordinates the services they provide with other community agencies as well as other divisions within the health department such as laboratory, management support and health education. The ultimate goal is to meet all the needs of the patient and their families without unnecessary duplication and to do this in the most cost effective manner.

The laboratory needs are mostly met through outside sources; however, in unusual situations, the health department laboratory is consulted and cooperates to the extent necessary to meet the requests.

Health education resources are used when pertinent to the needs of the patients and/or goals of the program. There is coordination between health education and nursing continuing education in meeting staff education needs. Health education also provides materials which aid in patient teaching.

The management support staff maintains a patient record file for the home health nursing program. This staff is responsible for opening, transferring, and closing all patient records; provides clerical support to the professional staff at all times for complete management of record flow, statistical data and typing needs. They maintain an ongoing process of microfilming closed nursing records with an updated control card file. They also operate the Starvue Reader/Printer upon request for copies of patient records. In addition, they are responsible for billing and maintaining all the statistical data for the program.

The management support staff is responsible for maintaining continuous, uninterrupted coverage of the switchboard during the normal 40-hour work week.

Program Objectives:

By June 30, 1982:

1. Develop a more efficient data collection system.

2. Complete survey of physicians' attitude toward home health services.

3. Evaluate present Problem Oriented Health Record System with special emphasis on areas relating to assessment; plans; intervention; and documentation of the results of intervention to the individual patient's situation/or problem.

4. Educate staff in up-to-date POHR system.

5. Maintain 85% of residents in high rise apartments for elderly and handicapped at their present level of care.

6. Secure care for 90% of clients referred from the high rise screening and counseling clinics.

7. Manage services to patients in the following manner (based upon available statistics for July 1 - December 31, 1980):

   a. Nursing:

      (1) RN: (National average is 5 visits)

         - To achieve an average of 4 visits/day by June 30, 1982.

         - Patient records would meet criteria as established in audit form DHS 1769.

      (2) LPN: (National average is 6 visits)

         - To achieve an average of 6 visits/day by June 30, 1982.

      (3) Aides: (National average is 4 visits)

         - To achieve an average of 4 visits/day by June 30, 1982.

   b. Physical Therapy:

      (1) Will serve 300 patients and/or make 2160 visits for FY 81-82.

      (2) Will visit 90% new referrals within three working days/or within time frame requested by physician.

   c. Nutrition:

      See nutrition plans for home health service.

8. 100% of those referred individuals that are homebound due to illness or injury will be evaluated.

9. 100% of those individuals evaluated to be in need of home health services will be confirmed as eligible to receive home health care benefits.

10. 100% of those individuals certified to receive home health services will have appropriate therapy determined and treatment initiated.

11. 100% of those individuals certified to receive home health services will have their written care plans reviewed for appropriate care-giving.

12. 100% of those individuals certified for home health services will be maintained by monitoring.

Methods as Related to Objectives:

1. Educate staff re: conversion to new system:

   a. Devise necessary new agency forms.

   b. Continue to provide adequate justification to county manager.

   c. DCA to provide training sessions for staff.

   d. Develop a monitoring system in agency to insure accurate input into the system.

2. Implement the questionnaire already formulated by two of agency staff for School of Public Health class assignment.

3. a. Involve committee in necessary evaluation/or revisions and rewriting instructions for use of forms.

   b. Seek consultation as appropriate.

   c. Coordinate with State POHR Committee; utilize as appropriate.

   d. Orient current staff re: updated POHR.

   e. Formulate procedure to orient new staff about POHR.

4. Provide necessary inservice for all staff as indicated.

5. a. RN assigned to these units will evaluate residents' current health status and utilize resources available to improve or maintain.

   b. Utilize nutritionist for individual or group counseling to improve nutritional status.

   c. Utilize physical therapist to provide services to those residents identified as in need and whose physicians order therapy.

   d. RN will provide counseling and guidance in management of chronic disease condition and will provide skilled nursing.

6. a. Utilize resources to assist referred patients to find a source of care.

   b. Follow-up telephone calls or home visits if necessary to educate client to importance of securing care.

7. a. Nursing:

(1) RN:

(a) Increase P.R. activities as indicated.

(b) See program objective no. 3 re: paperwork.

(c) Provide staff with monthly printout.

(d) Utilize DHS Form 1769 in audits.

(2) LPN: Provide staff with monthly printout.

(3) Aides: Provide staff with monthly printout.

b. Physical Therapy:

(1) Hire additional part-time contractual physical therapist and provide evaluation and treatment of patients under physicians' referral.

(2) Keep a log on new patients.

c. Nutrition:

See nutrition plans for home health services.

Evaluation:

1. Will be done by monthly comparison of results on data provided by computerized system to monitor activities; i.e., number of new patients, number of visits by discipline for both home health and maintenance type visits, number discharges, etc.

2. Analyze physicians' questionnaire and complete recommendations.

3. Measure effectiveness of POHR through routine audit of records by staff and outside auditors/surveyors at periodic intervals.

4. Solicit input re: adequacy of POHR system from staff and new employees after six months of employment to see if orientation was valuable; also seek input from them re: suggestions for improvement.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT NUTRITIONAL SERVICES

Program Element:

Home Health	357
Home Health Grant	340

Program History and Statutory Authority:

Nutritional services have been an integral part of the Guilford County Department of Public Health for decades. In 1953 the nutrition program was established with the hiring of Ms. Nancy Bosworth for a generalist position to provide all public health nutritional services for Guilford County. This position continued for many years under the direction of Miss Asenath Cooke. Adult health nutritional services have been funded through the county budget as well as through various programs. In 1976 a grant was received which established a hypertension program, and a nutritionist was funded to provide services to this clinic. She also supplied nutritional consultation to other adult health programs in Greensboro, such as Adult Health, Chronic Disease Screening, and private physician referrals. In February 1978, through a grant from North Carolina Department of Human Resources, an Adult Primary Care Clinic was opened to treat financially eligible adults who have diabetes, hypertension, or chronic cardiovascular problems. In December 1979 monies were appropriated through a Home Health grant to expand Home Health services which included nutritional support. This grant enabled the nutritional services provided to residents of Guilford County to be broadened and strengthened. Memorandum No. 17 of the Public Health Service Bureau of State Services states: "The intent of Home Health Service provision of Public Law 89-97 Title XVIII is to promote quality comprehensive care to patients in the home. Because good nutrition and appropriate diet are important in the patient's medical regimen, home health agencies are encouraged to employ a qualified nutritionist or dietitian to provide patient evaluation, consultation, training and other services." Presently, nutritional services for adult programs in Greensboro are provided by a full-time nutritionist under the Home Health Grant. This position also provides services to the Home Health team in High Point. Supervision for this position is provided by Ms. Carolyn Greene, Home Health Supervisor.

Needs Statement:

In the three major adult programs served by adult nutritional services - Home Health, Chronic Disease Control, and Adult Health - cardiovascular diseases and diabetes mellitus are among the top three diagnoses referrals listed. In two of the three programs cancer is also included. Although the Guidelines for Nutrition and Dietary Services cannot be used for the purposes of this program plan due to the organizational structure of our health department, it is important to note that all of these diseases are listed in the Guidelines as conditions requiring nutritional care. This serves to emphasize the need for a nutritional component in these programs.

Home Health

The latest projected population in Guilford County in April 1980 (1980 census unavailable until March 1981) shows:

1. There are approximately 30,935 persons in Guilford County age 65 and above; and 284,324 persons under age 65. Based upon national standards used to estimate population in need of home health services, the estimated number persons in need is as follows:

			% of need met last FY:
10% of 30,935 age 65 +	=	3,093	21.3%
0.5% of 284,324 under age 65	=	1,421	15.6%
		4,514	36.9%

However, 250 maintenance visits were also made (but statistics not broken out "under and over age 65"). This would add another 5% to needs met out of the 4,514 population in need, making a grand total of 41.9% of needs being met by our Home Health staff.

2. For residents in high rises for the elderly and rest home for severely handicapped:

High Point	400
Greensboro	350
Bell House, Greensboro	22
	772

These public housing residents are particularly vulnerable to health problems for various reasons: approximately 75% have incomes under $260/mo.; live alone, many with no family in community; advanced age; some with no physician except through out-patient clinics.

Nutritional consultation to Home Health staff providing these services is available; in addition referrals for nutritional counseling are accepted as ordered by the physician.

Adult Health Community Nursing

All residents of Guilford County over 18 years of age who have or suspect they have a chronic disease or need assistance in establishing a more healthful lifestyle are eligible for Adult Health Community Nursing services. The projected population of Guilford County for 1981 over 18 years of age was 227,332. Based on data from the Chronic Disease Branch of the Division of Health Services, approximately 18% or 40,918 if tested would be found to have chronic disease conditions.

The focus of this service is to assist the individual to achieve his highest level of wellness. Services provided include screening to detect early signs and symptoms of chronic diseases, evaluation and assessment to assist in determining and obtaining level of health care needed, counseling, teaching, and monitoring of patients with chronic disease, and instruction in preventative and restorative health practices.

The Adult Health Nutritionist is available to work with problem patients, act as a consultative resource for the nurse and to keep the nurse updated in nutritional management techniques.

Chronic Disease Control

Residents of Guilford County who are 18 years of age and older who do not have access to primary care from another resource and meet the financial requirements are admitted to Chronic Disease Control. They must have a diagnosis of diabetes, hypertension, and/or cardiovascular diseases.

Nutrition education is provided to the patients, one on one, by the nutritionist eight hours weekly. Nursing staff provides this service at other times and does additional group teaching.

Administration and Service Delivery:

Adult health nutritional services provided by the Home Health grant include all Home Health services for Guilford County, Chronic Disease Control, Adult Health, Chronic Disease Detection, Crawford Center, private physician referrals, general public requests and special assignments designated by the health director. Additional adult health services are provided in High Point and will be addressed in the program plan for that area. (See High Point Nutrition Plan.)

As succinctly stated in the aforementioned memorandum No. 17, "the nutritionist can improve patient services most effectively through work with the staff in assessing patients' nutritional needs and in establishing and fulfilling normal and therapeutic diet prescriptions within a prescribed plan of treatment. Direct consultation should be provided to professional staff members, especially to the physician and professional nurse, since they most often are responsible for the implementation and coordination of the patient's plan of care. The nutrition consultant also will help measure the nature and extent of needs, utilization, methodology and cost of services as part of the evaluation."

Planning for nutrition service delivery is done in coordination with the supervisors of Home Health, Adult Health, and Chronic Disease Control. Additional coordination and planning with other disciplines occurs through the Adult Core Team Conference which meets monthly.

In Home Health and Community Nursing services are scheduled through written referral as well as conferences as needed.

In Chronic Disease Control screening is performed by physicians, nurse practitioners and nurses, and referrals are made to the nutritionist by these professionals. Referral criteria is established in Chronic Disease Control. Other programs use professional judgment as the referral criteria.

The nutritionist provides consultation and training to staff individually and through formal inservice.

In light of the foregoing list of functions of the nutritional consultant, objectives have been determined.

Objectives:

1. From July 1981 to June 1982, 100% of the nutrition referrals will be accomplished according to policy.

2. By June 30, 1982, nine nutritional inservices will be provided to the staffs of Home Health, Chronic Disease Control and Adult Health.

3. By June 30, 1982, ten community contacts will have been made and an evaluation done of services provided.

4. By June 30, 1982, a reevaluation of nutritional positions will have been initiated.

5. By June 30, 1982, alternative approaches to audit programs will have been compiled.

Methods:

1. By July 1981 to write a policy and procedure stating the nature of staff-nutrition contact at the initiation of a referral and following a designated number of visits.

2. a. By July 1981 to write a policy and procedure regarding the time, length and content of mini-inservices for Adult Health services.

   b. During fiscal year 1981-1982 to provide mini-inservices to the staffs of Home Health, Chronic Disease Control, and Adult Health.

3. a. To make contact with five community professionals involved in oncological services.

   b. To make contact with five community groups which center on cancer needs.

4. a. By August 1982 to convene a meeting between county public health nutritionists and local administrative officials for the purpose of devising a plan of local support for the implementation of reevaluation.

   b. To accomplish all items in the plan by June 30, 1982.

5. a. To review the literature regarding evaluation of nutritional services.

   b. To review current audit methods in adult health programs.

Evaluation:

Evaluation will consist of monthly, quarterly, statistical reports and semi-annual program reviews.

GUILFORD COUNTY HEALTH DEPARTMENT

GENERAL NUTRITIONAL SERVICES - HIGH POINT

Program Element: General Nutrition

Program History and Statutory Authority:

Nutritional services have been a component of the programs provided by the Guilford County Department of Public Health in High Point for many years. In 1953, Ms. Nancy Bosworth was employed as a nutrition generalist and provided all public health nutritional services for Guilford County. This position was continued under the direction of Miss Asenath Cooke. Around 1966, a child health nutritionist was employed for Guilford County. In High Point, Miss Cooke provided light nutritional coverage, approximately one-half day per week, for adult health services. Requests for nutritional services were made by a "note" left in her "box". The Child Health Nutritionist provided coverage to one High Point Child and Youth Clinic per week. A full-time Child Health Nutrition Aide was employed for the High Point area to provide out-reach services and conduct food demonstration classes on food preparation techniques, etc. Later, the Nutrition Aide position was terminated and a full-time Child Health Nutritionist position was established for the High Point area. Miss Cooke continued to provide light nutritional coverage for adult health services. The Family Planning/Maternity Program and the Home Health Program did not receive nutritional coverage.

In 1978, a Nutrition Generalist was employed to provide all nutritional services for the High Point area. All nutritional coverage from the Greensboro offices was discontinued. The Nutrition Generalist provided nutritional services to Child Health Programs, Adult Health Programs and the Home Health Program. She also served as a referral source for the Maternity/Family Planning Program and private physicians. General public request with respect to nutrition in the High Point area were directed to her office. Guilford County did not administer a WIC Program at this time. Supervision was and is presently provided by Miss Lucy Lopp, High Point Nursing Director.

Early in 1979, the Guilford County Department of Public Health began making plans to implement the WIC Program. A WIC Director and three WIC Nutritionist positions were established with offices located in Greensboro. In High Point, the WIC Program began to enroll active participants in June, 1979. WIC nutritional services were provided by nutritionists coming from Greensboro three days per week to Health Department sites located in High Point. Sites included Montlieu, Family Planning/Maternity and Southside Neighborhood Clinic. On site WIC nutritional services at the Southside Neighborhood Clinic were later discontinued. The Nutrition Generalist although not charged with the responsibility of the WIC Program in High Point, provided some nutritional services for WIC.

These services included assistance with the coordination of WIC and other Child Health Services, WIC participant certification, and direct patient counseling. Direct patient counseling was provided because many of the WIC participants were already receiving nutritional counseling as component of the Child and Youth Program. Other nutritional services provided

by the Nutrition Generalist continued as previously stated.

In June, 1980, a full-time High Point WIC nutritionist position was established. Nutrition Program supervision of the High Point WIC Nutritionist was and is presently provided by Ms. Betty Manly, Chief Child Health Nutritionist. Administrative supervision is provided by Miss Lopp.

In December, 1979, a nutritionist was employed by the Guilford County Department of Public Health for the Home Health Program. She began providing services in High Point one day per week for the Home Health Program. She also accepted referrals from Adult Health Nurses, Marian Bass and Michele Galich. Supervision was and is presently provided by Ms. Carolyn Green, Home Health Supervising Nurse.

Presently, nutritional services for the High Point area are provided by a full-time Nutrition Generalist, with supervision by Miss Lucy Lopp; a full-time WIC Nutritionist, with Nutrition Program Supervision by Ms. Betty Manly and administrative supervision by Miss Lucy Lopp; and a Home Health Nutritionist (20% High Point), with supervision by Ms. Carolyn Green.

GENERAL NUTRITION PROGRAM

Planning Guidance

1. Program Guidance
   - A. Statutory Authority
     GS 130 - 9 (b);
     GS 130 - 9.3, GS 130 - 11; GS 143-B - 10
   - B. Federal Legislation - that which is pertinent to funding source.
   - C. Federal Regulations - those pertinent to funding source
   - D. North Carolina Administrative Code 10 NC AC 8C

2. Related Guidelines
   Standards for local health departments in North Carolina 0216 Nutrition and Dietary Services and cross referenced program standards.

Needs Statement:

Adult health nutritional services are provided for patients receiving medical care thru the High Point Memorial Hospital Outpatient Clinic and the Adult Health Clinic at Southside Neighborhood Clinic. Nutritional referrals are also received from Orthopedic Clinic, community resources such as Mental Health, Day Care Treatment Center for the Elderly and private physicians. The major health problems referred for nutritional care include Obesity, Diabetes, Hypertension and Cardiovascular Diseases. These medical conditions and many others are cited as referral criteria for patients requiring nutrition care in Guidelines for Nutrition and Dietary Services Program in N.C. Local Health Departments. The above services are provided by the General Nutrition Program. The Nutrition Generalist also provides consultation to personnel in the Home Health Program when the Home Health Nutritionist is not available. (See Home Health Nutritional services)

Maternal and Child Health nutritional services are provided to patients receiving medical care thru the Comprehensive Child Health Program, the WIC Program and the Family Planning Program. Nutritional referrals are also received from Public Health School Health nurses, and community resources such as High Point Pre-Enrichment Center, Day Care Center and private physicians. The major diagnosed referrals include Iron Deficiency

Anemia, Poor Weight Gain, Failure To Thrive and Obesity. Again, these diagnosed conditions and others are cited as referral criteria for patients requiring nutrition care in Guidelines for Nutrition and Dietary Services Programs in N.C. Local Health Departments. The above services are provided by the General Nutrition Program. The High Point WIC Nutritionist provides services for the Maternity Program and to the majority of infants and children enrolled in the WIC Program. (See Child Health/ WIC Nutritional services)

Consultative Services are provided by the General Nutrition Program for personnel in both Child and Adult Health Programs and for personnel from other community resources upon request.

Administration and Services Delivery:

Planning for nutrition services delivery is done in coordination with the High Point Nursing Director and with lead nurse at various clinic sites. When possible, direct nutritional services to patients are provided when clinics are in progress. The majority of patients receiving medical care thru the Comprehensive Child Health Program, the High Point Memorial Hospital Outpatient Clinic and the Southside Neighborhood Clinic are seen during regularly scheduled clinic appointments. Patients referred from the Family Planning Clinic must call the Nutrition Generalist for an appointment. Referrals from Orthopedic Clinic, School Health nurse, community agencies and private physicians are received thru telephone calls, letters and/or referral forms.

Nutritional screening is performed by physicians, nurse practitioners and nurses and referrals are made to the nutritionist by these professionals. Written criteria for nutritional referral is readily available for the WIC Program. However, professional judgement as a health care team member is the mechanism used for nutritional referral from all other Health Department programs and referral sources. A written diet order from a physician is required for all theraputic diet counseling.

Nutrition consultative services for physicians, nurse practitioners and nurses are conducted informally at staffings, conferences and on a one-to-one basis. In-service nutrition education is conducted for personnel staffing a particular program and/or clinic and thru the Health Department's In-Service Education Program.

Coordination to prevent overlap of services by the WIC Program and the Comprehensive Child Health Program has been attempted, but to date many problems still exist. Coordination of services with the Home Health Nutritionist are discussed verbally between the Home Health Nutritionist and the Nutrition Generalist and to date arrangements are successfully made to provide nutritional coverage with minimal overlap of services.

In light of the afore mentioned functions of the General Nutrition Program, the following objectives have been determined.

Objectives:

By July, 1982:
1. A written nutrition policy will be completed outlining the functions

and authority of the General Nutrition Program.

2. Written procedures will be completed and implemented for:
   a. nutritional screening
   b. nutritional referral
   c. nutrition follow-up care

3. A monitoring system for adequacy of nutritional services will be implemented and standards established to judge adequacy of services.

   Suggestions for adequacy of services

   - 90% of patients referred for nutrition care will receive a nutrition appointment within two weeks of referral date.
   - 90% of patients referred for nutrition care will have a nutrition care plan developed and integrated in the patient care record within thirty days.
   - Less than 10% of patients referred for nutritional care will be lost to follow-up.

4. Work on a plan to assess quality of nutritional care will have been initiated.

5. A work plan for coordination of request for nutrition group activities with the Health Education Office will have been developed.

6. A statewide study of nutrition job classification descriptions and salary grade assignments will have been scheduled.

Methods:

1. A written nutrition policy will be developed stating:
   a. the functions and authority of the General Nutrition Program in regard to coordination of services in the High Point area
   b. the functions and authority of the General Nutrition Program with respect to evaluation of adequacy of nutritional services in the High Point area.

2. Written procedures will be developed for nutritional screening, nutritional referrals and nutrition follow-up care.

3. A monitoring system for adequacy of nutritional services will be developed and implemented citing:
   a. number of patients referred for nutritional care.
   b. time lapse between referral and appointment with nutritionist.
   c. number of patients lost to nutritional referral.
   d. number of patients receiving nutritional care.

4. During the fiscal year 1981-82:
   a. a review of the literature will be made regarding evaluation methods for assessment of quality of nutritional care.
   b. conferences will be held with the state regional Nutrition Consultant concerning methods for assessment of quality of nutritional care.
   c. investigations will be made concerning nutritional participation with Guilford County Department of Public Health Quality Assurance Committee(s).

5. During the fiscal year 1981-82:
   a. Conferences will be held with Guilford County Department of Public Health's Health Education Office concerning coordination of request for nutrition group activities with the Health Education Office and a plan developed.

6. During the fiscal year 1981-82:
   a. meetings will be held with county Public Health nutritionists, Health Director and his assistant to devise a plan of local support for implementation of re-evaluation
   b. appropriate state officals will be informed of Guilford County Department of Public Health's desire for a statewide study of nutrition job classification descriptions and salary grade assignment.

Evaluation:

Evaluation will consist of monthly, quarterly, statistical reports and semiannual program reviews.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT HEALTH PROGRAM
COMMUNITY NURSING

Program Element - Community Nursing - 358

Program History and Statutory Authority

Since the founding of the health department in 1911, health services have traditionally been offered to adults within their communities. The character and scope of the services have changed throughout the years. In 1978 a group of community health nurses were assigned to work specifically to meet adult health needs. State guidelines for the monitoring of hypertension patients are followed.

Needs Statement

All residents of Guilford County over 18 years of age who have or suspect they have a chronic disease or need assistance in establishing a more healthful lifestyle are eligible for the services. The projected population of Guilford County for 1981 over 18 years of age was 227,332. Based on data from the Chronic Disease Branch of the Division of Health Services, approximately 18% or 40,918 if tested would be found to have chronic disease conditions.

The focus of our service is to assist the individual to achieve his highest level of wellness. Services provided include screening to detect early signs and symptoms of chronic diseases, evaluation and assessment to assist in determining and obtaining level of health care needed, counseling, teaching, and monitoring of patients with chronic disease, and instruction in preventative and restorative health practices.

Administration and Service Delivery

Guilford County is divided into seven geographical areas as nearly equal as possible by population and health needs. Each area has one nurse or the equivalent of one nurse assigned who provides adult health - chronic disease maintenance services in a variety of settings.

During the first six months of fiscal year 1980-81, there were 4187 home visits made to 1371 persons, which is approximately five patients per day for each nurse. These visits are for investigative purpose or to provide chronic disease maintenance counseling and supervision. They can be one time or periodic for short term or long term care.

Eight neighborhood adult health clinics, staffed by at least two community health nurses, are conducted monthly. Varied services are offered such as blood pressure monitoring, diabetic screening, health education, immunization, and counseling regarding management of medications, nutritional needs and chronic diseases. In the first six months of 1980-81, 46 clinics were held with 194 persons making 794 visits. Of the persons seen 25% were referred to physicians but only 50% of those referred secured care.

Each rest home is visited by a community health nurse at least once quarterly to assist the operator in understanding and meeting the health needs of the residents so that they will not require movement to a more expensive level of care. During the first six months of 1980-81 the 44 rest homes were visited 103 times. Close

communication is maintained with the social worker from the Department of Social Services who is responsible for compliance of each rest home with state regulations.

The health department nutritionist is available to work with problem patients, act as a consultative resource for the nurse and to keep the nurse updated in nutritional management techniques.

The health educator works closely with the community health nurse as a consultant in educational techniques and understanding and operating audio-visual aids. She secures prepared printed and audio-visual materials and assists in developing written materials for use with patients. She also presents class sessions for clients, assists with publicity efforts on behalf of the adult clinics and provides appropriate assistance in use of the health department library.

The county pharmacist provides medications for county clinic patients followed by the adult health nursing staff; keeps drug records on these patients and consults with the staff to insure continuity of care and patient compliance, detect drug interactions or dosing errors, monitor side effects and other drug-related problems. The pharmacist is a readily accessible source of drug information for staff, develops in-service presentations, prepares class and patient instructional materials and provides periodic updates on new drug products.

Management support staff maintains a patient record file for the adult health nursing program. Staff is responsible for opening, transferring, and closing all patient records; provides clerical support to the professional staff at all times for complete management of record flow, statistical data and typing needs. The staff maintains an ongoing process of microfilming closed nursing records with an updated control card file. The staff operates the Starvue Reader/Printer upon request for copies of patient records.

Management support staff is responsible for maintaining continuous, uninterrupted coverage of switchboard during normal 40-hour work week.

Staff is responsible for performance of all clerical duties necessary to provide accurate statistical data for meeting state guidelines for chronic disease hypertension program for all adult health nursing patients. These duties include preparation of monthly and semi-annual reports for both local and state use.

Program Objectives

By June 30, 1982:

1. 100% of all investigative referrals received will be visited within 48 hours and appropriate resources utilized to try and meet assessed needs.

2. Maintain present level of patient service. (R.N.'s now average five patient patient visits per day.)

3. 100% of rest homes will be visited regularly on a quarterly basis and more uniformity in provision of resident services by operators encouraged.

4. Increase to 75% the number who secure care from those persons referred from adult health outlying clinics.

Methods

1. Prompt handling of all investigative calls by appropriate R.N. with date of visit recorded on call board.

   a. Continue meetings with resource persons from each social and rehabilitative agency to better educate staff in utilization of services.

2. Continuous review of patient caseload with closing or transferring of those patients who no longer need nursing intervention to more appropriate support systems.

   a. Review of geographical areas to keep districts evenly distributed as to patient caseload.

3. Provide each R.N. with copy of their monthly activities report.

   a. Continue meetings of committee composed of social workers and R.N.'s to see that uniform drug sheet is utilized by all rest homes and to work together on other concerns.

   b. Provide educational sessions through the Rest Home Operators Association to assist operators in understanding the needs of the elderly.

4. Use of self-addressed envelopes to insure that consultative forms are returned to clinic charge nurse.

   a. Follow-up telephone calls or home visit if necessary to emphasize importance of referral follow-up.

   b. Continue health education sessions during clinic.

Evaluation

Comparison of quarterly statistics and yearly statistical reviews.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT HEALTH PROGRAM
DETENTION FACILITIES

Program Element - Detention Facilities - 353

Program History and Statutory Authority

North Carolina Statute #153A-225 requires that all local detention facilities provide health care supervision for all prisoners. Up until 1974 these services were provided in Guilford County through periodic visits by a physician. In August 1974, a community health nurse was assigned to cover Greensboro and High Point jail and the Juvenile Detention Center. Many changes and improvements have been made in the health service delivery system.

Needs Statement

All inmates confined within Greensboro and High Point jail and the Juvenile Detention Center are eligible for services. Total combined capacity of all facilities is 358. Health services provided are health appraisal and screening, emergency and non-emergency medical supervision, emergency dental care, mental health supervision, and chronic disease maintenance with medication, treatment and diet monitoring.

Administration and Service Delivery

Medical services are provided through contractual agreements with physicians. They are responsible for daily visits to examine and treat inmates in need of services. Emergency medical needs are provided in the local hospital emergency room. Inmates with suspected communicable diseases such as tuberculosis and venereal disease are seen in appropriate health department clinics.

The community health nurse visits facilities daily to provide nursing assessment and health appraisal, obtain necessary medical care at appropriate site, provide treatments as ordered by physicians, dispense medication, counsel and monitor patients with chronic diseases. She keeps medical records including medication sheet and insures confidentiality of information. Provides education of staff and patients regarding health maintenance and preventive therapy.

The county pharmacist provides prescribed medications for patients in the county's detention facilities; staff support for drug information, for compliance with pharmacy laws and for the implementation of drug administration systems; and necessary records for accounting purposes.

Quality-controlled laboratory services are provided in support of the Detention Facilities Program in accordance with the standard program guidelines and the DHS manual.

Testing services available are in the areas of hematology, bacteriology, urinalysis, syphilis serology, parasitology, and miscellaneous testing.

Program Objectives

By June 30, 1982:

1. 100% of inmates identified as in need will receive adequate health services during their period of confinement.

2. Improve the quality of the receiving screening performed on inmates by the correctional officer at the time of booking and before being placed in general jail population.

Methods

1. All inmates expressing a health need will be screened by the nurse; treated if necessary according to standing orders or referred to the jail physician or dentist, or arrangements made in appropriate clinic.

2. The nurse will continue to provide counseling, monitoring and medication and treatment as ordered by the physician.

3. Develop a simple check list to aid correctional officers in screening for health problems. The check list will then be placed on nurse's clipboard.

Evaluation

1. Review program with head jailer every six months to share mutual concerns and assess if inmates or staff have complaints about health services.

2. Utilization of check list appropriately by the correctional officers.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT HEALTH PROGRAM
INDOCHINESE REFUGEE PROGRAM

Program Element - Indochinese Refugee Program

Program History and Statutory Authority

Since 1975 Indochinese refugees have been migrating to Guilford County but in 1979 with the expected influx of the "Boat" people, Guilford County established the health screening program for the refugees. The services offered were set up according to recommendations and guidelines set forth by the federal government and the Refugee Program at the Division of Health Services.

Needs Statement

All Indochinese refugees migrating into Guilford County are eligible for the program. Services provided are a general health appraisal, chest x-ray, TB skin test, immunizations, complete blood work, and stool examination for parasites. Treatment is provided for all parasite infestations, tuberculosis, and venereal diseases. Health education sessions are held to acquaint the refugees with our health care system. Assistance is given in arranging for ongoing medical supervision.

Administration and Service Delivery

One adult health nurse in Greensboro, and one in High Point, is assigned to coordinate health services to the refugees. They are responsible for arranging for the physical assessment, bacteriologic examinations, health education of sponsor and refugees, referrals for treatment of health problems and assistance in establishing ongoing medical care.

Adult health screening services are provided through the comprehensive health clinic. If need identified adults are referred to Chest Clinic, Venereal Disease Clinic, Family Planning-Maternity Clinic, or Adult Primary Care. The nurse works with the sponsor to find an acceptable provider for ongoing medical or dental supervision.

Children's health screening services are provided through the C & Y Clinic. They can be retained as clients for comprehensive health supervision if the sponsor and parents agree or they are assisted in finding another provider of medical and dental supervision.

The adult health nurse coordinates health education sessions utilizing the health educator and specialists from other areas such as Child Health, Family Planning, MCH Teaching Project, and County Personnel.

The health educator works with nursing personnel to develop materials in both English and Indochinese languages. The process involves first the nurse's recognition of the specific area of need, followed by work with the health educator and the interpreter to develop a sound, uncomplicated text.

In support of the Indochinese Refugee Program, the laboratory provides quality-assured services in accordance with the Division of Health Services manual. Tests performed include stool examinations for ova/parasites and occult blood, routine urinalysis, and pregnancy tests.

The county pharmacists provide prescribed medications for the treatment of parasitic infestations. This includes consulting with staff personnel on dosage, drug choice, and compounding of suitable dosage form when necessary for pediatric patients.

The management support staff maintains a clinic patient record file. Laboratory reports, drug records, and correspondence are routed to clerks for posting and filing. The staff also tabulates patient clinic visits and compiles a monthly clinic report.

All refugees are referred to Department of Social Services for application for IRAP funds which provide them with Medicaid coverage for medical and dental needs until they are established in an adequate job situation.

Program Objectives

By June 30, 1982:

1. 100% of Indochinese refugees resettling in Guilford County will receive adequate health screening to assess health status and eliminate potential health problems.

2. 100% of Indochinese refugees will have a better understanding of our health care system and techniques in establishing a healthy lifestyle.

Methods

1. a. All refugees 16 years of age and older will be screened through the Comprehensive Health Clinic.

   b. All refugees 15 years of age and under will be screened through the C & Y Clinic.

   c. Treatment will be provided for all parasitic infestations such as lice, scabies, and intestinal parasites with follow-up to insure adequacy of therapy.

   d. Referrals when need assessed to Chest Clinic, V.D. Clinic, APC, Family Planning and Maternity Clinic.

   e. Work with sponsors to obtain medical supervision either through Cone Family Practice, Cone OPD, or private physician or dentist.

2. a. Provide health education sessions at GTI on various health topics such as Hygiene and Preventive Health, Nutrition, Prenatal Care, Family Planning, Infant and Child Care, and Health Insurance.

   b. The health educator and the adult health nurse will work together with the interpreters to develop health related leaflets and booklets in the refugee languages.

   c. The health educator will continue to search for health materials which have been prepared by other agencies for use with the Indochinese refugee.

Evaluation

1. Analysis of quarterly and annual statistical data.

2. Observation of R.N. as to adjustment of refugee's lifestyle and utilization of health care facilities.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
CONTINUING EDUCATION PROGRAM FOR NURSING

Program Element:

Program History and Statutory Authority:

There is no statutory authority for Continuing Education in Nursing. This program, which has records dating back to 1957, has existed as long as the Nursing Division. The inception of a supervisor for In-service began in 1967, when a person was employed for Orientation and In-service for the nursing staff, which was expanding due to new projects. From 1974-1976, another person was the supervisor of Continuing Education, with responsibility for In-service for nurses in all program areas (acted as consultant to Family Planning/Maternity). Since 1977, the supervisor of Continuing Education (now Director of Nursing Education) has had responsibility for Orientation and In-service for all the nursing staff (also, consultant to Family Planning/Maternity), and coordination of student training.

Needs Statement:

The Continuing Education Program meets the staff development needs of R.N.'s, L.P.N.'s, Community Health Aides and Community Health Technicians* through: Orientation; In-service; making staff aware of Continuing Education outside the agency; helping staff with information (scholarships, admissions policies, etc.) about institutions of higher learning; making staff aware of current professional journals and other literature related to patient/client care; acting as a resource person to staff and as a consultant on various subjects: i.e., POHR. Also, in conjunction with educational needs, the student training program is coordinated through the Director of Nursing Education.
*Approximately 120-125 R.N.'s, L.P.N.'s, C.H.A.'s, and C.H.T.'s are served by this program on a routine basis. The remainder of the R.N.'s, L.P.N.'s, and C.H.A.'s - approximately 30 persons - in Family Planning/Maternity are included in any programs done on an agency-wide basis. Other disciplines (social workers, P.T.'s, nutritionists, pharmacists, management support, etc.) attend In-service, receive Continuing Education brochures, receive resource/consultant help, etc., as appropriate.

Administration and Service Delivery:

1. In-service:

   a. I help to identify and analyze specific group training needs on an annual basis, coordinate these needs with the appropriate In-service committees, implement the specific programs (by writing purposes and objectives, coordinating specific program content, format, speakers and resources, and developing bibliographies and other needed resources), and evaluate these programs. Summaries of evaluations are distributed to appropriate supervisors, In-service committee members, and other disciplines, as necessary. After each In-service, a copy of the purpose and objectives, attendance roster, and summary of evaluations is sent to the County Training Officer.

   b. I also help to identify and analyze individual (staff or supervisor) training needs in nursing, which could be met by "outside-the-agency" workshops. I assess and evaluate workshop brochures from AHEC, other institutions, universities, etc., and send these brochures to the appropriate disciplines, whether it be nursing, clerical, nutrition, etc.

2. Orientation:

I consult with the appropriate supervisor as to new employee's educational and work background and specific area of assignment. Then, after coordination with that supervisor, I arrange all general orientation for the new employee and forward a copy of this schedule to the supervisor who completes the calendar with home visits, etc. I have at least one conference with the new employee to discuss any revisions (additions or deletions) expressed by the new employee, staff development policies, student program and other information relating to Continuing Education. A packet of resource materials is also given to the employee. Three months after employment, the new employee completes a written evaluation of the Nursing Division Orientation. All replies are confidential and changes and updates of Orientation procedures are made as appropriate. Personal contact is made with individuals who need supplemental or additional Orientation.

3. Student Training:

I am responsible for all activities related to community health experiences in this agency for juniors and seniors for the two B.S.N. programs in Greensboro. I am the liaison person to faculty. I also coordinate these student experiences: Master's students from School of Public Health, UNC-CH; Cone Hospital third year family practice residents; and any other requests from outside sources for nursing experiences.

4. Consultant and Committee Work:

I serve on various committees (i.e., POHR Task Force for State, AHEC Nursing In-service Committee, etc.) and act as a consultant on POHR and student programs to other disciplines besides nursing.

5. Information Coordination:

Communications (memoranda, nursing announcements) are utilized to clarify, interpret, and offer pertinent information about educational activities and needs of nursing and other disciplines, as appropriate.

Program Objectives:

By June 30, 1982 Continuing Education will:

1. Apply andragogical learning principles, by continuing to involve staff in the assessment, planning, implementation, and evaluation phases of all educational activities.

2. Organize relevant and practical In-service programs and other educational activities which would meet identified needs of specific, individual nursing staff and/or groups of nurses.

3. Arrange appropriate educational experiences in community and public health for student training.

4. Identify professional organizations and community and institutional educational activities which would encourage and enhance staff growth.

5. Collect pertinent data and be supportive of the possibility of staff development for all personnel.

Evaluation:

A "Summary of Continuing Education in Nursing" (which includes: Planned In-service Available; Planned and Unplanned In-service Attended: C. E. Outside-the-Agency Attended; C. E. - Own Hours; Credits; Professional Activities; Orientation) is completed at the end of June for the In-service Year July 1 - June 30. Program areas included in this summary are: Adult Health, Child Health, Clinic (H.P.M.H. OPC, Montlieu, North Eugene, Southside), Home Health, and School Health. This information is utilized to evaluate and assess past, present and future trends for Continuing Education in the Nursing Division.

GUILFORD COUNTY HEALTH DEPARTMENT
ADULT HEALTH PROGRAM
Outpatient Clinic - High Point

PROGRAM ELEMENT - OUTPATIENT CLINIC

PROGRAM HISTORY AND STATUTORY AUTHORITY

A need for outpatient medical services in Southside High Point was identified by the Model Cities Commission in late 1960. The Elizabeth Street Clinic demonstrated the need for such services. When Model Cities terminated in 1973, the High Point Memorial Hospital with the Health Department joined forces to furnish medical outpatient services for adults.

NEEDS STATEMENT

The outpatient clinic serves adults age 15 and above who have Medicaid coverage or have Department of Social Services certification. (See attached scales.)

The clinic has an active caseload of 1500 patients. The clinic helps to keep patients out of the emergency room and the hospital. The clinic furnishes acute care to patients on an outpatient basis. Examples include dehydration of alcoholic patients, patients receiving chemotherapy, providing a holding station for the patient waiting to be admitted, and lumbar puncture patients.

Patients receive complete physical examinations with necessary diagnostic procedures and consultation.

ADMINISTRATION AND SERVICE DELIVERY

The clinic has a medical director, two nurse practitioners, four nurses, and one aide. Doctors from the medical community are employed on an hourly basis. Other staff, such as a nutritionist and health educator from the Health Department, also provide service at this site.

Whereas the hospital furnishes the space, the health department provides the professional staff.

PROGRAM OBJECTIVES - Fiscal Year 1981 - 1982

1. To maintain present caseload as the clinic has reached its saturation point.

2. To investigate the problems of getting patients admitted to all levels of after-care facilities: nursing homes and more skilled care homes. The waiting time is as much as a year. Begin dialogue with other community groups to see if there is any way to increase the beds for patients who need this service, by December 31, 1981.

3. To have Hospital-Health Department contract completed by December 31, 1981.

PROGRAM OBJECTIVES Cont'd

4. To cut down on the various reports we send to hospital and to the health department, and determine if some of the reports could be coordinated.

5. To question how much should be spent on consultation for service outside the clinic.

6. To be available with any data the commissioners may need to help decide about the possible closing or cutbacks in service.

EVALUATION

Have regular sessions with hospital and health department to determine the future direction of the outpatient clinic.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH

HEALTH EDUCATION

PROGRAM ELEMENT Health Education/Risk Reduction Project

PROGRAM HISTORY AND STATUTORY AUTHORITY P.L. 95 - 626

A proposal for Federal Funds to deter adolescents from alcohol and tobacco comsumption was developed in the spring of 1980 and submitted to the Bureau of Health Education at the Centers for Disease Control. Notice of approval for funding was received in October. Various delays at the Federal and State levels resulted in the delay of final approval from County Commissioners until January 19, 1981.

A sub-contract was developed between the Department of Public Health and the Division of Health Education at the University of North Carolina at Greensboro for the training of selected health teachers in the three junior high schools serving the target community.

Currently, recruitment and interviewing are underway in hopes of having the four staff positions filled as soon as possible. Implementation is expected to have commenced by April 1, 1981.

NEEDS STATEMENT

Based on 1970 census data and more recent data from local and regional sources, as well as reports from residents of the community, the Warnersville area of south Greensboro was selected as the target community. The primary target population will be 10 - 15 year olds in addition to teens up to 19 years of age attending the Community Health Center's prenatal clinic.

Although hard data is not yet available, there is evidence that many young people are engaging in smoking and drinking behavior in this community, particularly in the after school hours before parents come home from work.

ADMINISTRATION AND SERVICE DELIVERY

This program, known as the YEAH! Project (Youth Exploring Alternatives for Health), will be located administratively in the Child Health Division. Offices for the four staff members will be in the Health Education office at 300 E. Northwood Street. However, it is anticipated that two of the staff will spend more time in the community setting than at Child Health. The Health Department maintains one facility within Warnersville, the Community Health Center. Furthermore, the presence of two Recreation Centers and two Public Housing Authority facilities allow for adequate space for those members to carry out their duties in the community.

The training of selected teachers is being conducted in the Health Education Division on the campus of the University of North Carolina at Greensboro. The responsibility for this training rests with the Coordinator of the Health Education Division.

The supervision of the Project Coordinator (Health Educator II) will be by the Director of Health Education. The Project Coordinator will supervise the Health Educator I and the Health Education Assistant. The Clerk-Typist III will be under the supervision of the clerical supervisor at Child Health, and will support the staff of the YEAH! Project as well as the Child Health Educator.

OBJECTIVES - Federal FY 80 - 81

1. By April, 1981, identify target populations of children and adolescents who are at risk of alcohol use and cigarette smoking.

2. By July, 1981, confirm the extent of exposure of these target populations to the risk factors of alcohol use and cigarette smoking through survey of risk factor prevalence.

   a. By June, 1981, 80% of project participants will identify on a survey of risk factor prevalence their own level of alcohol and smoking behavior.

   b. Yearly re-survey of risk factor prevalence for project participants will be carried out by the anniversary date of original survey.

3. By May, 1981, develop implementation plan for HERR Project.

   a. By May, 1981, determine appropriate preventive strategies on which to base project through needs assessment and review of the literature.

4. By May, 1981, initiate project implementation plan to reduce the risks of alcohol use and cigarette smoking in target populations.

   a. By September,1981, among project participants there will be a 2% reduction in the prevalence of alcohol consumption.

   b. By September, 1981, among project participants there will be a 2% reduction in the prevalence of cigarette smoking.

5. By April, 1981, develop plan to evaluate project based on process, impact and outcome.

   a. By May, 1981, initiate implementation of evaluation plan.

Objectives for Federal FY 81 - 82 will be developed by project staff when they are employed.

EVALUATION

Process Evaluation of the project will be conducted as each project component is implemented. In addition, the project coordinator will do a flow chart of workplan objectives and will document when each of these objectives has been accomplished. The project coordinator will prepare quarterly reports which will describe progress toward meeting project objectives and workplan objectives for FY 1.

An impact evaluation of the project components will be carried out on project participants using a pre-test and post-test of knowledge, attitudes and practice. The evaluation consultant to be hired by March 15, 1981 through the state level Health Education/Risk Reduction grant will assist in the development of the

evaluation plan. In addition, data on the outcome of the project may be gathered through the survey of risk factor prevalence.

Outcome Evaluation will be accomplished through a community survey of risk factor prevalence using the common data items recommended by CDC. Survey methods and selection of sampling techniques will be done according to recommendations from CDC.

Finally, weekly staff meetings and semi-annual program reviews will be yet another method of monitoring progress toward meeting project objectives.

EPIDEMIOLOGY

I. MISSION

The Epidemiology Section is comprised of a variety of programs with the central goal of reduction of illness and death from certain types of accidents and occupational and other diseases through epidemiologic techniques including anticipation, education, investigation, surveillance, and registration of vital events. Control measures are applied via immunization, preventive and curative treatment, consultation, licensing, and compliance activities.

II. GOALS

A. Direct services to the people in major areas such as vital events, highway safety, investigation of pesticide poisonings, and general communicable disease control (including tuberculosis and the venereal diseases).

B. Reduce illness and/or death from zoonotic diseases, pesticides and other chemical toxicants.

C. Ensure that a surveillance system for communicable diseases is operative to the extent that outbreaks of any disease of public health significance for which control measures exist will be brought to the attention of public health officials rapidly, so that control measures might be instituted.

D. Maintain staff readiness to respond to threatened or actual outbreaks of communicable disease for which control measures exist.

E. Ensure that an ongoing effective education program for both professional and lay sectors in methods of communicable disease prevention exists in the community.

F. Assist elementary and secondary schools with their responsibility concerning immunizations.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
CHILD HEALTH PROGRAM

"IMMUNIZATION PROGRAM"

Program Element: Immunization Program

Program History and Statutory Authority:

Immunizations have been offered by the Guilford County Department of Public Health for at least 65 years, through clinics, schools, and home visits. New vaccines have been discovered through the years to prevent communicable diseases and this department has always been a pioneer in making tested vaccine available.

We follow the guidelines issued by the North Carolina Division of Health Services and Federal Guidelines for the Children and Youth project.

Needs Statement:

This service is offered to anyone regardless of financial status. Immunizations are given, counseling, follow-up and case reporting is provided.

Administration and Service Delivery:

The Health Department has a plan to see that all children receive those immunizations required by law within the time period specified.

Immunization clinics are held in Greensboro and High Point 5 days a week. Satellite clinics are held monthly in the Greensboro area.

Management support staff collects identifying information on first visit, and on subsequent visits updates and corrects patient information. The staff tabulates manually all vaccines given by type and age and compiles monthly vaccine reports. The Computer Operator enters all identifying information and immunizations into the CRT. The staff provides a copy of an immunization record to parents, nursing staff, physicians, school personnel, and Social Services personnel upon request. They give each parent/patient a copy of the "Important Information About Immunizations" with instructions to read before seeing the nurse. The staff maintains central files for all immunization records. The nursing staff screens, evaluates, counsels, administers vaccines, provides a record showing dates immunizations were received with a written notice for a return appointment, and does comprehensive follow-up. They assist the Infectious Disease Control nurse in the collection of laboratory specimens and information as needed in suspected and diagnosed cases of vaccine preventable diseases.

The Infectious Disease Control Nurse employed by Guilford County works out of the Greensboro office covering all of Guilford County. Within 24 hours after a diagnosed case of vaccine preventable disease is reported by a physician or a suspected case is investigated he reports this to the Regional Immunization Program Representative. Laboratories in all departments furnish quality controlled test on request (eg. rubella titre). They ship collected specimen to the State Laboratory as indicated.

Health Educators provide immunization news releases to media, and Inservice Education.

"Immunization Program"

Program Objectives:

1. By June 30, 1982 the Guilford County Department of Public Health will identify new born infants and all children under 7 years of age who have attended the Health Department to ensure systematic review of immunizations, due dates and provide a follow-up contact.
2. By June 30, 1982 the Guilford County Department of Public Health will systematically review 100% of the children who have received immunizations at the Health Department to determine their status and follow-up all delinquencies with documentation.
3. By June 30, 1982 60% of all children 2 years of age or less receiving immunizations at the Health Department, and 90% of 2 years of age or less enrolled in the Child and Youth Program will have completed their basic series.
4. By June 30, 1982 100% of delinquent children in all day centers will be referred for appropriate immunizations.
5. By June 30, 1982 100% of licensed day care centers will receive copies of the N.C. immunization law including information regarding the appropriate delay period and when immunization delinquent children should be excluded from attendance.
6. By June 30, 1982 a designated person will monitor and provide consultation to 100% of all day care centers regarding immunizations at least once a year or by request prior to inspection.
7. By June 30, 1982 there will be 100% compliance with the immunization law for children entering kindergarten, first grade and all transfers into public, private and parochial schools.

Methods:

1. The Health Department will maintain space, staff and vaccine on a daily basis to provide this service to anyone.
2. Copies of all birth certificates will come from the vital records office to be entered into the computer.
3. The County Computer System will print a reminder letter at 2 months of age that it is time to begin the immunization series; a second reminder letter will follow in one month if there is no response.
4. Master card information is entered into the computer immunization system on initial visit. Computer will print a reminder letter when the next immunization is due; if no response, a second letter will be sent in one month.
5. Personal contact either by telephone or home visit of those children who do not respond to the second letter will be made by Child Health.
6. A record of immunization dates will be provided to all patients.
7. The due date of the next immunization is penciled in on the patient's individual record.
8. Address and phone number information is updated and corrected through a joint effort of Health Department and Department of Social Services.
9. Hospital visits to parents of new born infants
10. Telephone calls and home visits by Family Planning and Child Health.
11. Children enrolled in the Children and Youth Program will have their visits coordinated with immunization needs.
12. Referrals made by day care directors.

13. Once a year contact by Child Health Nurse at time of inspection.
14. In-service Education as needed provided by Health Education.
15. Letters with immunization laws sent to all day care centers.
16. Review of records by appropriate person with day care directors as necessary.
17. Establish written guidelines of policies and procedures to follow in the fall of 1981 which will include: (a) specific dates that certain criteria will be met such as first and second letter and personal contact, (b) specific suspension date, (c) roll of Health Department and school, and (d) forms such as letters and rosters.
18. Supply schools with information and support regarding interpretation and enforcement of law.
19. Supply news media with releases to promote legally required minimum immunizations.
20. Monitor progress being made by individual schools after first letter, second, and on suspension date. Transfer students records are reviewed all during the year.

Evaluation:

1. By June 30, 1982 the Guilford County Department of Public Health identified new born infants and all children under 7 years of age who attended the Health Department. Insured systematic review of immunizations, due dates and followed-up contacts.
2. On June 30, 1982 _____% of children who received immunization at the Health Department were systematically reviewed for their immunization status and delinquents were followed-up with documentation.
3. By June 30, 1982 _____% of children 2 years of age or less received immunizations at the Health Department, and _____% of 2 year olds or less enrolled in the Child and Youth Program completed their basic series.
4. By June 30, 1982 _____% of delinquent children in all day care centers were referred for appropriate immunizations.
5. By June 30, 1982 _____% of licensed day care centers received copies of the N.C. immunization laws.
6. By June 30, 1982 _____% of all day care centers were provided monitoring and consultation one to two months before inspection.
7. By June 30, 1982 there was _____% compliance with the immunization law with children entering kindergarten, first grade and all transfers into public, private and parochial schools.

Each method will be monitored on a quarterly or periodic basis to ascertain if the methods designed to meet the objectives were effective.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT HEALTH PROGRAM

"VENEREAL DISEASE PROGRAM"

Program Element: Venereal Disease Program

Program History and Statutory Authority:

Venereal Disease screening and treatment has been a service offered to the public in Guilford County for at least 60 years. Over the years we have seen many changes in our Venereal Disease program. With the discovery of new drugs and diagnostic methods our treatment has become more effective.

We now sponsor five clinics weekly, four in the Greensboro office and one in the High Point office. These clinics were developed in accord with guidelines issued by the Division of Health Services.

Need Statement:

The Venereal Disease Clinic is available at no cost to any patient for diagnosis and/or treatment regardless of social or economic status.

Due to the limited physician and clinic hours we are unable to meet the needs of everyone seeking this service.

Patients that are served in this clinic are counseled, diagnosed, treated, and followed-up for sexually transmitted diseases.

Administration and Service Delivery:

This clinic is held four times weekly in the Greensboro office, and one time weekly in the High Point office. Clinic hours are limited in both areas due to the physician's attending on their lunch hour. The clinics are in session about two and one-half hours daily - this includes registration, health education classes, diagnostic procedures, counseling and treatment. The treatment can only be done at the time the physician is in the clinic.

From July 1, 1980 through December 31, 1980 we screened 6,934 patients for Gonorrhea through Health Department clinics. There were 3556 patients screened in other agencies. Of this total 749 were positive, giving us a 7% positivity rate in Guilford County.

We have two Epidemiologists working in our clinics - one employed by the State and one employed by the county. They do all reporting and follow-up of syphilis and gonorrhea patients that are reported through the Health Department. They have an excellent working relationship with private physicians, university health centers, abortion clinics and other departments within the Health Department, making it possible for these patients to be treated at their place of choice. They keep these areas supplied with any new diagnostic, treatment and educational materials.

Our management support personnel collects data for each patient record. Maintains a file of diagnostic records from our agency and outside agencies of un-treated patients, recording this information on the patients record before each clinic.

"VENEREAL DISEASE PROGRAM"

Test results are given out once it has been determined that it is the patient calling for his/her test results. This group has legal guidelines to follow in giving out this information.

Laboratory services are available on a daily basis in both Greensboro and High Point for diagnosis and follow-up of Sexually Transmitted Diseases for any patient seeking this service in the Health Department. This service is also provided for private physicians and other outside agencies. Quality control test includes blood test for syphilis, cultures and smears for gonorrhea, wet preparation for trichomonas, and specimen referral for other Sexually Transmitted Diseases for diagnosis and follow-up.

From 7-1-80 to 12-31-80 the Health Department pharmacist in Greensboro dispensed prescribed medications to 263 patients for consecutive day therapy. This included the treatment of Penicillin allergic patients, NSU, PID and other sexually transmitted diseases. The pharmacist is responsible for the ordering and storage of drugs and for patient education to ensure proper drug usage. The Health Department in High Point does not have a pharmacist.

The Health Educators in Greensboro and High Point have an ongoing venereal disease education program.

Program Objectives:

1. By June 30, 1982 the Venereal Disease Clinic in the Guilford County Department of Public Health will provide daily diagnostic and treatment service, counseling, health education, and follow-up to 100% of the patients treated for gonorrhea and syphilis with a minimum of 50% of the females treated for gonnorhea returning for a test of cure.
2. By June 30, 1982 the Health Educators will conduct routine daily classes for all patients attending Venereal Disease Clinic on their initial visit, and any other who request participation for further information.
3. By June 30, 1982 the Health Educators will assist the 3 public schools in implementing the health curriculum as it relates to venereal disease education.
4. By June 30, 1982 the Health Educators will serve as consultant in conducting professional education programs for venereal disease control.

Methods:

1. Maintain a clinic, having space and personnel to perform the services.
2. The laboratories provide blood test for syphilis, cultures and smears for gonorrhea, wet preparations for trichomonas, and specimen referral for other Sexually Transmitted Diseases for diagnosis and follow-up.
3. The Epidemiologist provides one-on-one counseling for all male patients and patients diagnosed from outside agencies.
4. The nurses and/or physician counsels all female patients, one-on-one for routine screening.
5. Each patient diagnosed as having gonorrhea is provided referral cards for their sex partners with counseling as to the importance of this follow-up.
6. Information sheets with test of cure appointment dates are provided each patient by the nurse and/or Epidemiologist.
7. The Epidemiologist does follow-up with a letter to the patient who does not return for a test of cure within one week.

8. Day by day surveillance of the patients DHS Form 1508 and clinic record which furnishes the following information; date of test and results, diagnosis, treatment, counseling done, number of referral cards given, and date of return for test of cure keeps our follow-up current.
9. The Health Educator in Greensboro and High Point conduct routine classes daily for all patients on their initial visit, and any others who request participation for further information.
10. The Greensboro, Guilford County and High Point public school systems have each developed a health curriculum which includes venereal disease education at the junior and senior high levels. Health educators have assisted in the planning and implementation of the health curricula; they continue to serve as resource persons by presenting programs, providing teaching materials and statistical data, and consulting on appropriate methods of teaching.
11. Health Educators will provide workshops for the Department of Public Health staff to update knowledge and skills related to venereal disease control.
12. Professional education on sexually transmitted disease is provided at workshops for teachers in each of the three school systems.

Evaluation:

1. By June 30, 1982 the Venereal Disease Clinic in Guilford County Department of Public Health provided daily diagnostic and treatment service, counseling, health education and follow-up to _____% of the patients treated for gonorrhea and syphilis. A minimum of ____% of the females treated for gonorrhea returned for test of cure.
2. By June 30, 1982 the Health Educators conducted daily routine classes for all new patients attending venereal disease clinics and any other patients requesting participation for further information.
3. By June 30, 1982 the Health Educators assisted the three public school systems in implementing their health curriculum as relates to venereal disease education.
4. By June 30, 1982 the Health Educators served as consultants in conducting professional education programs for venereal disease control.

Each method will be evaluated on a quarterly basis to ascertain if the method designed to meet the objectives are successful.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT HEALTH PROGRAM
TUBERCULOSIS CONTROL

Program Element - Tuberculosis Control - 345

History of Statutory Authority

Tuberculosis control has been an important function since the founding of the health department in 1911. Many changes in program have occurred periodically with the discovery of new drugs and new methods for controlling the disease. In 1965 Guilford became one of the first counties to be funded by the Tuberculosis Project Grant through the Division of Health Services. The services offered are set up according to standards and guidelines set forth by the Division of Health Services. Statutes #130-80, 130-81, 130-113, and 130-114 empower the health director with certain responsibilities for the control of tuberculosis.

Needs Statement

Any person in the community who has tuberculosis, is a contact or suspects they have tuberculosis is eligible for service. The program provides diagnostic and follow-up services, patient and family counseling, treatment, community education and case finding among high risk groups.

Administration and Delivery Services

In 1980 we reported 34 cases of tuberculosis and predict approximately 32 to 34 for 1981. 69.3% of those cases were treated in local hospitals or at home and 30.7% were treated at McCain. Of all the patients in 1978 for whom chemotherapy was prescribed, 62% completed or remain on therapy, with 34.3% moved out of county or died. In 1979 the number remaining on therapy increased to 68.7% with 25% moved out of county or died. At present we have 185 persons under active surveillance with 180 on anti-TBc drugs.

Two clinics are held monthly in Greensboro by a chest clinician and one monthly in High Point. Patients receive medical assessment which includes history, physical examination, x-ray, and special tests such as TBc skin test, sputum examination, SMA-12 as indicated. They are given treatment, with all TBc drugs provided at no charge. Nurses and the physician counsel patients.

The TBc Project nurse works closely with the chest clinician and local physicians to follow-up all TBc patients and contacts. All persons on anti-TBc drugs are monitored monthly by public health nurses and the pharmacist.

The county pharmacist provides prescribed medications for patients, contacts and reactors in the county's tuberculosis program. The pharmacist is responsible for the ordering and compounding of needed prescriptions, for patient education concerning proper drug dosage and possible side effects, for maintaining patient contact sheets and individual patient medication records to monitor compliance and detect possible side effects, for notifying the staff nurses and attending physicians of non-compliance and for serving as a resource person for drug information.

Quality-controlled laboratory services are provided in support of the Tuberculosis Control Program in accordance with the standard program guidelines and the DHS manual.

Laboratory testing mainly consists of examination of sputum specimens for presence of acid fast bacilli. (This is for rapid, presumptive diagnosis of tuberculosis. Isolation, identification, and sensitivities are done at the state laboratory, where a large number are processed daily and safety facilities are proper.)

The Health Educator is available as a consultant in educational techniques and understanding and operating audio-visual aids. She assists in securing prepared printed and audio-visual materials for use with clients. She assists with publicity efforts and provides appropriate assistance in use of the Health Department library.

The Management Support Staff maintains a clinic patient record file and a nursing record of home visits. Laboratory reports, drug records and correspondence on TB patients and their contacts are routed to the Management Support Staff for posting and filing. The staff also tabulates patient clinic visits and compiles a monthly clinic report. An up-to-date TB register is maintained cooperatively by the clerical staff and the TBc Project nurse.

The TBc Project nurse is available to assist in the community with TBc surveillance programs and educational programs. She conducts special case finding projects in areas of high risk such as certain low-income communities and the Indochinese population.

Program Objectives

1. 75% of those TB patients needing hospitalization between 07-01-81 and 06-30-82 will be treated in general hospitals.

2. Maintain the incidence of tuberculosis to between 11.0 and 10.5 per 100,000 during 07-01-81 to 06-30-82.

3. By June 30, 1982 at least 95% of the newly reported TBc cases with positive sputums will have converted to sputum negative within six months.

4. By June 30, 1982 at least 90% of infected close contacts and other high risk positive reactors will be placed on preventive therapy and will complete the recommended course of therapy.

Methods (Applies to all objectives.)

1. Continue close follow-up by TBc nurse and field nurses of all newly diagnosed cases, suspects, contacts and high risk groups such as Indochinese refugees.

2. Start patient support group for irresponsible patients such as the alcoholic to meet periodically with the TBc Project nurse and a Mental Health professional to try and increase compliance.

3. Continue quarterly meetings with all local hospital infection control nurses in order to coordinate services for better reporting, follow-up and education of hospital staff and physicians.

4. Provide printout to physicians through the medical society to keep them aware of local problems and services available to them.

5. Improve physician and hospital staffs knowledge of current management and reporting of TBc cases.

Evaluation

1. Comparison of statistics from quarterly reports which are sent to TBc Branch, DHS.

2. Comparison of statistics from annual TBc report which is sent to TBc Branch, DHS.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
ADULT HEALTH PROGRAM

"COMMUNICABLE DISEASE CONTROL"
VITAL RECORDS

Program Element: Communicable Disease Control

Program History and Statutory Authority:

Communicable Disease Reporting has been recorded as early as 1893, but the first organized records from Health Departments were compiled in 1918. Reporting of Communicable Diseases is required by G.S. 130-81 statute of North Carolina.

Needs Statement:

All residents of Guilford County are served by this Program. This ensures that all Communicable Diseases are reported and outbreaks of these are controlled for the benefit of the county residents.

Administration and Service Delivery:

All reports of Communicable Diseases (phone calls-cards) are handled by the Infectious Disease Control Nurse. These reports are recorded in a Log for future reference. Any appropriate follow-up is initiated within 24 hours of receiving the report. A copy of all reports is sent to the state in accordance with G.S. 130-81 by Vital Statistics personnel. The Infectious Disease Control Nurse and Vital Statistics send out and follow up on any surveillance forms listed in DHS "Catalog of Reports Required from Local Health Departments." These reports are sent to Division of Health Services.

Program Objectives:

1. By June 30, 1982 the Infectious Disease Control Nurse in the Guilford County Department of Public Health will ensure that 100% of Physicians in Guilford County will receive information regarding G.S. 130-81 and report cards (DHS Form 2124).
2. By June 30, 1982 the Infectious Disease Control Nurse in Guilford County Department of Public Health will ensure that 100% of communicable diseases that need to be investigated be done so in 24 hours from receiving report.
3. By June 30, 1982 the Infectious Disease Control Nurse in Guilford County Department of Public Health will ensure that 100% of Surveillance forms listed in DHS "Catalog of Reports Required from Local Health Departments be completed and sent to Division of Health Services.
4. By July 1, 1982, the local health department will cause each record submitted for registration to be reviewed for completeness and accuracy and will have a query system for those containing inaccurate or inconsistent information.
5. By July 1, 1982, the local health department will have a system to identify those individuals and institutions whose records are consistently late or inaccurate and take positive action.
6. By July 1, 1982, the local health department will notify the local or chief medical examiner of all deaths within their jurisdiction which have been improperly certified.

"Communicable Disease Control"

Methods:

1. Have local medical society secretary supply Infectious Disease Control Nurse with list of newly practicing Physicians as they begin practice in Guilford County. Information package can then be sent out.
2. On Log, enter date report was received. Also on Log, enter date that investigation of report was started.
3. Send out Surveillance forms to diagnosing Physicians.

Evaluation:

Each method will be monitored on a quarterly basis to ascertain if the methods designed to meet the objectives are successful.

CHILD HEALTH/CHILDREN & YOUTH

MISSION:

The child health division promotes the health, growth and development of all children through direct and community services. Medically indigent children receive comprehensive care from ages 0 through 17. This includes primary and preventive care by physicians, nurses, dentists, speech and hearing specialists, health educators, nutritionists, social workers, and a variety of private practitioners when needed. School and community based services are an integral part of the child health program. A WIC program provides supplementary food to disadvantaged "Women, Infants, and Children".

GOALS:

A. To strive for optimal health levels for all children and youth.

B. To reduce levels of childhood morbidity/mortality throuth the prevention of disease/disability.

C. To maximize the health and functional status of children and youth with chronic illnesses and/or disabilities.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: Administration 250, 378, 25A, 379, 251, 335

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The Guilford County Health Department has had preventive child health services as an important part of its program during most of its existence. Most of the services were provided by public health nurses who knew most of the families living in their assigned geographic districts and were able to provide guidance to them on how to meet their health needs. These generalized public health nurses were aware of community health resources for all ages. They performed their services in the homes, schools and in Well Baby Clinics in their districts. Anticipatory guidance was available to anyone needing help regardless of income. Most child health treatment was provided by private physicians regardless of the family's ability to pay. Eventually weekly child health treatment clinics for sick children were held in the health department for patients certified by the Welfare Department as being medically needy. Physicians from the community rotated to provide medical coverage. This began the trend of shifting the responsibility for caring for indigent patients to the government. When the Medicaid program was started, this further emphasized the lessening of private physician's responsibility to provide some free care to low income patients.

In 1967, the health department applied for and received a special federal grant to provide comprehensive health services to children and youth. This was to supplement existing services, not replace them. It was to demonstrate that comprehensive health care by a team of highly skilled staff representing many disciplines could prevent many of the maladys experienced by the poor without such care. The grant was for $750,000 the first year. In spite of increasing numbers of children being served and the inflationary factors, the grant has remained fairly stable with earnings from Medicaid providing additional revenue to supplement the base grant. During the start-up period, equipment was purchased and a multi-disciplinary staff was employed to demonstrate the effect of being able to provide specialized and high quality health care to low income children. Included were pediatricians, pediatric nurse specialists, dentists, speech and hearing specialists, a dental hygienist, a biostatistician, social workers, health educators, nutritionists, a home economist, registered nurses, licensed practical nurses, aides and support staff.

During the first ten years of the C & Y Project, generalized public health nurses continued to provide preventive health services in their districts with C & Y staff concentrating more on a multi-disciplinary approach to comprehensive health care of their target group...children between 0 and 18 years of age whose family income met the N. C. Crippled Children scale guidelines. Gradually the staff of the C & Y Project, who worked full time with children and who had received additional training in pediatrics, worked with the generalized public health nurses to upgrade the care provided in outlying clinics to meet the standards of the C & Y Project.

In July of 1978 following more than six months of planning, the generalized public health nursing concept of the health department was modified to assign each nurse to one program area...adult, child or family planning/maternity. With the exception of the staff providing overall administration functions, all staff was assigned to individual program areas too. The Child Health Division was assigned to Northwood Street complex that formerly housed the entire health department to use as its administrative location and site for delivery of much of the services.

NEED STATEMENT:

All children need continuing health supervision beginning at birth to protect them against preventable disease, to identify birth defects and chronic conditions that can be corrected or controlled, to provide care when they are ill early enough to prevent complications and lasting damage, and to teach the parents and eventually the children good health habits and the value of practicing them.

Based on the 1970 U.S. Census, Guilford County has approximately 30,000 children between birth and 18 years of age whose family incomes qualify them for subsidized health care. Approximately one third of these children are receiving their health care from this program. Others receive some level of services from private physicians, hospital emergency rooms and Cone Family Practice Center using a variety of third party reimbursement mechanisms or self pay. Others receive no health care at all.

ADMINISTRATION AND SERVICE DELIVERY:

The administration of the child health portion of the health department is assigned to a Director (Local Health Administrator II) who has the responsibility to see that the program is carried out meeting county, state and federal policies and regulations. A Core Team, made up of representatives from each site, heads of each program area and/or discipline, meets weekly to assist the Director in program planning and evaluation.

The program serves children from birth until they reach 18 years of age. An eligibility staff gathers certain financial information from applying families to determine if they meet the N. C. Crippled Children Income Scale requirements used for eligibility determination. Once determined eligible, this screening is not repeated for two years for eligibility for all services provided by the staff.

Routine health supervision is available for all registered children and is provided daily at the three full time sites and at intervals ranging from once per week to monthly in the outlying clinics. The care that is given in these clinics follows those services and procedures on the attached Schedule of Health Services for Children. This schedule was developed to include those recommendations from the American Academy of Pediatrics, the Child Health Manual of the Division of Health Services, EPSDT requirements and Title V of the Social Security Act as amended in the Maternal and Child Health Services section. The staff participating in scheduled clinics include physician and/or nurse practitioner, nurses, clerks, aides, nutritionists, social workers, speech and hearing specialists. Dental care is available at the three full time sites. Patients being seen in outlying clinic sites for basic care are referred in to the permanent sites for dental and speech and hearing appointments.

Acute care services are provided at the three full time sites for care of sick children. Either a physician or nurse practitioner is available eight hours per day five days a week to provide this care. Patients are encouraged to telephone to talk to the nurse before coming in whenever possible. If they become ill at night or on weekends, the pediatric resident on call at Moses H. Cone Hospital will counsel with them by telephone to recommend what they should do.

The program has a laboratory which provides most routine laboratory support to the clinics at Northwood, Devon, Montlieu and Southside. Nurses do their own

in outlying clinics and bring specimens into the lab for processing. The few procedures beyond the capabilities of our equipment and staff are sent elsewhere for processing.

A full time pharmacy is operated at the Northwood Street site.

Any problems identified in any clinic are treated then if possible. If not, arrangements are made to provide the care at a later time. Tracking systems exist to be sure that reports from services provided off site are received back and entered into the records.

Each nurse working in the community is assigned a particular geographical district. She does the nursing assessment of the family, seeks out patients without adequate health supervision, and either encourages them to apply for care in this program or to seek appropriate care from other community resources. The nurse receives requests from a variety of sources to follow up children with problems who live within her district. She works in day cares and other agencies where low income children are found to coordinate with this program, to serve as a consultant to their staffs and to recruit children who are without adequate health supervision.

OBJECTIVES:

Administration and Management Support

During Fiscal Year 1981-82:

1. The health department will apply for a pharmacy license for Montlieu and Community Health Center sites and provide supervision by a licensed pharmacist.

2. Standards and requirements will be developed to use for establishing new outlying clinics or for closing existing ones.

3. A sliding fee scale will be developed and implemented for child health treatment services provided by this program.

4. A preventive maintenance plan will be developed and implemented to upgrade facilities and equipment to an acceptable level and to prevent them from reaching their current state in the future.

5. Procedure manuals now in existence will be reviewed and updated. In areas where they do not now exist, new ones will be developed. Copies of each will be filed in the office of the director and updated when changes occur.

6. A written plan for quality control will be developed and implemented. It will spell out areas to be monitored, the frequency and the staff position responsible.

7. The child health scheduling and eligibility staff will work closer with WIC staff to coordinate services for both child health and WIC services on the same day if possible.

8. The space utilization at Northwood site will be studied and adjusted to better meet the program needs as they have developed and changed.

9. To have a centralized eligibility staff who determines eligibility for all services of the Child Health Division including WIC and who determines source of payment for any outside referrals that are made.

10. To have a minimum of two meetings with the staff to provide inservice on reporting and to have a member of the administrative staff to go over and interpret service statistics from the Data System as well as a BCRR analysis and implications.

11. All medical records will be distinguished in a manner which will make inactive records easily identified.

12. Clerical staff will be assigned to outlying clinics.

13. 50% of the WIC patients not enrolled in other child health services will have master cards in the central record files.

14. Word processing procedures will be improved to better meet the nees of the total program.

EVALUATION:

The program director will monitor the achievements through reports at Core Team meetings and at semi-annual program reviews.

Clinic Services

During Fiscal Year 1981-81:

1. 12,000 patients will receive services in child health clinics.

2. 30,000 encounters will be made for well child and/or diagnostic and treatment services.

3. 3,500 EPSDT screenings will be provided to Medicaid eligible children.

4. 100% of all well child evaluations provided will contain at a minimum the following components:

    1. Health History (Initial and Interim)
    2. Developmental Evaluation (Age appropriate assessment)
    3. Physical Evaluation (Including vision, hearing and dental screenings)
    4. Immunizations (As recommended in the child health schedule)
    5. Laboratory Services (As recommended in the Child Health Manual)
    6. Nutrition Assessment (As recommended in the Child Health Manual)

5. The health department will provide 1,000 orthopedic clinic visits, 300 Neurology Clinic visits, 1,400 speech and hearing visits and will refer 10 children to the Cardiology Clinic at Moses H. Cone Hospital.

6. Individual care plans will be developed on 100% of all children making more than two visits to any of the above specialty clinics.

EVALUATION:

MCH data system printouts will be monitored on a quarterly basis to determine if appropriate progress is being made toward reaching the objectives. Objective #4 will be measured by record audit and by review of clinic procedure manuals.

PROGRAM ELEMENT: Medical 269

PROGRAM HISTORY AND STATUTORY AUTHORITY:

When the Guilford County Health Department began providing some limited child health treatment services many years ago, local private pediatricians rotated to cover these clinics and were reimbursed by the hour. When the Children and Youth Project was funded in 1967, its guidelines mandated that the Medical Director be a pediatrician. From 1967 until 1978, one full-time pediatrician served as the Medical Director of the Project and several private physicians worked on a part-time basis to provide the medical services to the children. When the number of hours being required from part-time physicians became more expensive than the cost of a full-time pediatrician working on the staff, it was decided that this would be done. In July of 1978 the second full-time pediatrician, Dr. Mark Swanson, was added to the staff eliminating the utilization of outside physicians except in emergencies. This provided more flexibility and better continuity of care.

The C & Y Project has done a number of innovative things to provide medical care. Registered nurses were given expanded role training and were used to provide treatment for routine episodic problems when a physician was not available. They worked under standing orders from the medical director and dispensed already prepared medications. When training became available for registered nurses to become nurse practitioners, the Guilford County Health Department was the first county in North Carolina to send a staff member to receive this training. Child health services are now provided by five Nurse Practitioners who work under the supervision of the Medical Director. Expanded role nurses are no longer allowed to provide treatment.

In July of 1980, Dr. Elizabeth Ford, who had served as the Medical Director of the C & Y Project for many years, asked to be relieved of her responsibilities as Medical Director and be allowed to work as a clinician three days per week. This request was honored and Dr. Mark Swanson was named Medical Director. Once again the program employs one full-time and several part-time physicians and once again there is lack of flexibility. In the clinics where the part-time physicians other than Dr. Ford are assigned, we see evidence of reduced quality of care due to lack of continuity.

ADMINISTRATION AND SERVICE DELIVERY:

The Medical Director is responsible for having medical coverage for all well child and acute care clinics at all locations. These are held in three full time locations and in six other locations in the county ranging from one four hour session per week to one four hour session per month. He arranges for coverage at nights and weekends by agreement with the Pediatric Residents at Moses H. Cone Hospital. Copies of emergency room care records are provided to become a part of the patients medical record. He supervises the part-time physicians and the nurse practitioners who provide medical care in the child health clinics. This is done through direct and telephone consultation, regular conferences and record review. Medical problems beyond the capabilities of the staff or the facilities of the Project are referred to appropriate places for care. Laboratory facilities are available on site at the three full-time sites to perform most of the routine tests needed. Others are sent out as needed.

OBJECTIVES:

During FY 81-82:

1. To maintain and strengthen relations with other child health medical providers in the community. Especially important during the year will be cooperation with Dr. Robert Doolittle relating to the Pediatric Teaching Service of Moses H. Cone Hospital's developing adolescent clinic. A second item also of importance is the interpretation to the medical community of the new eligibility policies and the availability of WIC services.

2. The Medical Director will develop a better understanding of and a closer working relationship with the School Health Program staff.

3. The Medical Director will seek clarification of state pharmacy laws regarding the dispensing of drugs by non-pharmacists and will support the administrative objective to get a license for pharmacies to be located at Community Health Center and Montlieu.

4. The Medical Director will continue to support the efforts to standardize laboratory procedures and performance in all health department laboratories and clinics.

5. The Medical Director will seek to make better use of the new state data system to analyze the types of medical problems being seen. A revised PDR diagnostic code sheet is being developed to meet this objective.

6. The nurse practitioners will average a minimum of 2100 medical encounters each and the physicians will average the equivalent of 4200 encounters per full time clinician in accordance with BCRR standards.

EVALUATION:

The medical section's performance is evaluated at regular program reviews of the Child Health Division held semi-annually, at annual HHS reviews and by quarterly and annual output from the MCH Data System.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: Dental Health 262, 375, 343

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The Guilford County Dental Health Program was organized in 1949 with the employment of two full-time dentists to provide care to school children. A dental trailer was purchased from the State Dental Program. A dentist and this operatory were assigned a school where the children received dental health education, screening, fillings and extractions.

An adult dental clinic was begun in 1958 which was an adjunct to the medical clinics. These services were provided to the indigent adult patients who had eliminating foci of infection. Extractions only were provided as treatment and there were no resources for prosthesis. This service was terminated when the Moses Cone Teaching Service resumed the medical practice in 1971.

In 1967, Guilford County received federal funding to implement a Comprehensive Health Program for children and youth. Dental Health was a component of this service and the staff was increased to one dental hygienist, four dental assistants and five full-time dentists. The primary goal of this dental program was to provide education, assessment and comprehensive care to indigent children ages 3-18.

The Fluoride Mouthrinse Program was begun in 1974. Two schools participated in the beginning and the program has gradually grown until there are now 26 schools participating with 7,006 children enrolled.

During the decade of the eighties, the emphasis will be focused on dental health education, preventive programs for plaque and caries control and the prevention of periodontal disease in young adults. The treatment program will remain for those who are eligible for care through certification for the C & Y Program, School Health funds, Medicaid Screening and emergency care for the school child. The primary goal is to promote, protect and assure dental health for all citizens in Guilford County. The local Dental Health Program operates in collaboration with the State Dental Health Division whose authority is stated in G.S. 130-9(q) 143B-142.

NEEDS STATEMENT:

The Dental Health Program was established to meet a need for dental care for school children. It is estimated that 98% of all school children have needs for dental care. As the program has grown, it has become evident that more emphasis is needed in dental health education and in prevention programs.

1. The number one health problem of school children is dental caries.
2. Periodontal disease is the primary reason for tooth loss among adults and 7% of the school population.
3. Five percent of all malignant tumors are found in the mouth and surrounding tissues.

4. Eight percent of children have deformities of their teeth and jaws severe enough to produce handicapping conditions.
5. Cleft palate occurs once in every 700 births.
6. In Guilford County, there is a 7% higher incidence of caries among young children in Headstart programs and United Day Care Centers than the public school system.
7. The importance of teaching preventive dental techniques has indicated a need to change staffing patterns and dental manpower to meet community needs.
8. Dental resources for indigent geriatric clients are inaccessible on a communitywide basis.
9. Lack of fluoride in the water system in rural and fringe areas has resulted in higher incidence of cavities in school children.

ADMINISTRATION AND SERVICE DELIVERY:

The Public Health Dental Program in Guilford County is administered by the Comprehensive C & Y Project and is also responsible to the Dental Health Section, North Carolina Department of Human Resources. It is carried out in Greensboro and High Point for children eligible for care through the C & Y Program, School Health funds, Medicaid Screening and school emergencies. Preventive Dental Health services are provided primarily to children who are preschool through 6th grade.

The dental laws of North Carolina, G.S. 90 Articles 2 and 16 regulate the Practice of Dentistry and Dental Hygiene.

PROGRAM GOALS:

The goal of the Dental Program of Guilford County Department of Health is to provide preventive and educational services for the citizens of Guilford County. For the next 10 years, the long range goals are to:

1. Reduce dental caries by 25% in the population 20 years of age and under.
2. Reduce by 40% the dental caries in the population 10 years of age and under.
3. Reduce by 15% periodontal disease in population 20 years and under.

OPERATION OBJECTIVES:

Preventive Dental Health Education

1. By September 30, 1981, a pamphlet on bottle feeding, nutrition and dental hygiene will be developed to be used in WIC, Maternity Clinics, Child Health clinics, Day Care Centers and in other appropriate sites.

2. Teacher workshops to train at least 20 teachers in each session will be held by March, 1982 for the Greensboro City School System, Guilford County and High Point City School Systems.

3. By Mid-October, 1981, begin planning with local Dental Auxiliaries and the Dental Societies for the implementation of Dental Health Month in February, 1982.

4. By August 10, 1981, develop a slide series "Smiles Are Forever" to be used in dental health presentations.

5. By November, 1982, conduct a workshop for Child Health-School Health nursing staff related to the current trends and practices of the Dental Health program.

6. Provide the Health Educators of the Child Health program in Greensboro and High Point the opportunity to attend the State Dental Health Training Program in Raleigh.

7. By December, 1981, investigate the opportunity for Dental Health Peer and Counselling in the health career classes of the public schools.

8. Continue work with AHEC to provide educational opportunities for dental externs, students, G.T.I. dental assistants and hygienists , UNC-G health education students and others.

9. Plan with Industrial Health Care Providers a workshop entitled "The Prevention of Periodontal Disease in Young Adults" by September 1, 1981.

10. By July 30, 1981, develop a plan so that school children will have a dental educational experience prior to dental screening in the schools.

Preventive Dental Services

1. By June 30, 1981, 75% of school children (K-6) in Guilford County will be provided access to the weekly fluoride mouthrinse program.

Methodology:

1. By August 14, 1981, the Dental Health Director will visit the superintendents of both Greensboro City Schools and Guilford County Schools to discuss and gain support for a mouthrinse program for all children K-6.

2. Continue to work with faculty in all school systems to implement the mouthrinse program.

3. Seek out support groups, P.T.A.'s, Dental Society, etc. to endorse the fluoride mouthrinse program in the public and private schools.

4. By July, 1981, underwrite the cost of cups and napkins in the Dental Health budget.

Fluoridation

1. By June 30, 1982, 75% of communities that technically qualify will be providing optimally fluoridated water for their population.

2. By June 30, 1982, 10% of the rural schools in Guilford County that technically qualify will be providing optimally fluoridated water for their students.

Methodology:

1. By August 15, 1981, initiate with the school authorities and regional dental health consultants a plan to implement a water fluoridation program in rural schools. Priority will be given to schools which demonstrate interest and those which have been on mouthrinse for several years.

Dental Screening

1. By June 30, 1982, 70% of school children (K-6) in Guilford County will receive dental screening services.

   Methodology:

   1. By September 1, letters will be prepared and sent to each school principal describing the screening procedure and announcing the dates for the dental screening scheduled for each school.

   2. Inspect children in grades 4, 5 and 6 in borth the city and county school systems. In High Point City School System, grades 1, 3 and 5 will be inspected.

   3. The follow-up on all defects and referrals will be closely coordinated with the school nurses and child health nurses to assure 80% correction.

Program Administration

1. By June 30, 1982, employ a dental hygienist to assist with health education and to promote preventive dental health programs in the community.

2. By June 30, 1982, investigate the feasibility of moving the dental operatories and staff to a more permanent location.

3. By June 30, 1982, ccntinue to maintain open communications with the Dental Societies in Guilford County and with the Bcard of Health.

4. By June 30, 1982, develop with the Guilford County Dental Society, G.T.I., United Services for the Aged, National Association of Retired Persons, a referral system to facilitate dental care to the older citizens.

5. By July 1, 1981, the cost of supplies (cups) for the mouthrinse program will be investigated. This item will be included in the Dental Health budget for FY 81-82.

EVALUATION:

The Guilford County Dental Health Program will be monitored throughout the year 1981-82, to determine if specific objectives have been met as follows:

1. Determine the number of children provided preventive services.
2. Determine the number of clinical services provided indigent children.
3. Determine the number of preschool and school age children receiving dental inspections and the number of these referred to private practitioners.
4. Determine the number of the schools instituting fluoridation.

B. Education and Training

   1. Determine the number of children and adults provided preventive

education services.
2. Determine the number of continuing education courses provided to classroom teachers.
3. Determine the number of training programs provided parents and the number of educational materials developed for special projects.
4. Develop an evaluation tool to be used at the completion of each dental education session.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: Epilepsy and Neurological Disorders

PROGRAM HISTORY AND STATUTORY AUTHORITY:

With the beginning of C & Y and the presence of the community's first Neurologist, Dr. Joseph Stiefel, a neurology clinic was started in 1968. He continues to provide medical coverage for this clinic.

NEEDS STATEMENT:

The incidence of epilepsy and neurological disorders in the population served by the health department is high. Pediatricians and other medical providers giving routine health supervision are not trained adequately in neurology to diagnose, treat and monitor these conditions adequately.

ADMINISTRATION AND SERVICE DELIVERY:

The Neurology Clinic is held weekly at the Northwood site. Dr. Stiefel serves as its director. Children with suspected neurological problems are referred for diagnosis, treatment and monitoring. These patients are scheduled at varying intervals depending on their individual needs. Each child has an individual care plan relative to this problem.

OBJECTIVES:

During the Fiscal Year 1981-82:

1. 90% of individuals entering the Child Health Comprehensive Clinic will be screened for history, symptoms or risk factors for END.

2. 100% of persons having positive history or symptoms of END will be referred for diagnosis.

3. 100% of clients referred will received the appropriate evaluation in Neurology Clinic.

4. 85% of those with a positive evaluation or with diagnosed END will receive treatment to include anticonvulsant drug therapy (when appropriate), patient/family education, and vocational counselling.

5. 80% of END patients and patients with significant risk factors for END will be followed with annual evaluations, drug blood level monitoring, and patient/family education.

EVALUATION:

Each objective will be evaluated through record audits semiannually.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: Health Education 372

PROGRAM HISTORY AND STATUTORY AUTHORITY:

Prior to July 1978, Health Educators on the general staff provided service to the C & Y Project upon request in both Greensboro and High Point. In Greensboro, in 1978, upon the establishment of the Child Health Division, two Health Educators were assigned to the division. One Health Educator worked with the C & Y program and the community and the other with the School Health Program. Also, a clerk from Eugene Street spent 3½ hours a day to handle routine clerical functions. In March 1979, the School Health Educator resigned. This position was transferred to Eugene Street and upgraded allowing for the development of a Health Education Director position. This was filled in March and added great strength and leadership to the Health Education Program agency-wide. The Health Educator assigned to C & Y then assumed the responsibilities of working with the School Health Program. In June 1979, the half-time clerk was transferred back to Eugene Street leaving no clerical support. To bridge the gap to some extent, the Child Health Director agreed to share her secretary on a limited basis to answer requests and telephone calls and other support as possible.

ADMINISTRATION AND SERVICE DELIVERY:

The office of the one staff person is located at the Northwood Street site. A library is maintained at that location for use by staff. Students and people from the community may use the resource materials in the library but may not check them out. A lending library of films and filmstrips is available to teachers.

The Health Educator works in the schools, the community and as a planning consultant with the staff. The Health Educator serves the Community Health Center staff upon request within the limitations of her time.

OBJECTIVES:

General:

1. To increase community awareness of Infant Auto Safety and Auto Restraint Loaner Programs by distribution of 1000 brochures to patients and clients and participation with local groups to form child passenger associations by June 30, 1982.

2. To establish an Infant Auto Restraint Loaner Program in High Point by June 30, 1982.

3. To implement the plan for the creative play area at the Northwood street site by July 30, 1981.

Health Education - Child Health Nursing

1. By June 30, 1982 to increase community awareness of The Child Health Division services by distribution of flyers and brochures in target communities and prenatal classes and to initiate one news article.

2. By June 30, 1982, to increase community awareness of the SSI Program by distribution of information about the program to agencies that provide services to children.

3. To plan and conduct one workshop in Greensboro and one in High Point for United Day Care Centers and private-for-profit centers by January 1, 1982.

Health Education - School Health Nursing

1. By May 31, 1982, to plan and implement at least one teacher workshop in each school system in cooperation with the Health Education Coordinators.

2. To assist in the development of the K - 6 Health Curriculum for the Greensboro City Schools by June 30, 1982.

3. To participate in the School Health Objective 7 regarding scolosis screening for seventh grade students.

4. To serve as a consultant to School Health Nurses helping them select age-specific health materials for use in their schools.

Health Education - Dental

1. To train at least 20 teachers from each of the three school systems in the county (Greensboro City, Guilford County and High Point City) by June 30, 1982.

2. To plan with the Dental Auxiliaries in Greensboro and High Point to implement dental health month activities in the community and schools by February, 1982.

3. To plan a periodontal disease prevention workshop for inductrial health nurses by October 1, 1981.

4. To plan and implement a workshop for child health nurses on dental health care of young children including information on milk bottle caries by January 1, 1982.

EVALUATION

Each objective will be monitored on a quarterly basis to measure progress toward its accomplishment. Semi-annual quarterly reviews and core team reports will address any problems encountered and accomplishments achieved.

Guilford County Department of Public Health

Maternal Child Care

MCH Training Program

PROGRAM ELEMENT MCH Training - 337 (Child Health) and 338 (Maternal Health)

PROGRAM HISTORY AND STATUTORY AUTHORITY

The MCH Training Program is funded by the Maternal and Child Health (MCH) Branch, N.C. DHR/DHS, and based in Guilford County. Administratively the Program operates under directives from personnel in the MCH Branch.

NEEDS STATEMENT

This Program directly serves nurses throughout North Carolina. The primary group of nurses served is Public Health Nurses who work in maternal or child health care settings in local health departments. The Maternal Health Component is also open to nurses who work in private practice settings. In addition, Program instructors provide direct care to clients in appropriate Guilford County clinics when the Program is not in session.

Indirectly, this Program provides comprehensive health care to clients in local maternal and child health programs, as nurses who complete this Program are responsible for health screening of these clients.

ADMINISTRATION AND SERVICE DELIVERY

This Program is made up of two components - Maternal Health and Child Health. The Maternal Health component is conducted by one OB/GYN Nurse Practitioner. The Child Health component is conducted by two Nurse Practitioners (one F.N.P., one P.N.P.).

Instructors for this Program are subject to Guilford County personnel policies. The instructors for the Child Health component are supervised by the Guilford County Director of Nursing. The instructor for the Maternal Health component is supervised by the Nursing Supervisor, Guilford County Maternity and Family Planning Program.

This Program provides services for nurses throughout North Carolina. A state-appointed curriculum committee (one for each component) serves in an advisory capacity to each component regarding Program curriculum and implementation.

Each component of the Program consists of two separated weeks of directed study and supervised clinical experience on site in Guilford County. Between these two weeks of study is a Supervised Practicum of approximately eight weeks of supervised clinical experience and Program assignments in the home agency of the nurse participant.

Generally the curriculum for each Program is structured to upgrade the present level of functioning of nurses in the area of Maternal or Child Health care delivery. Each component has specific written objectives for each unit of the curriculum.

PROGRAM OBJECTIVES

By June 30, 1982, the MCH Training Program will

1. Train 72 nurses (24 in Maternal Health, 48 in Child Health)

2. Provide 96 - 192 hours of clinical service (each instructor)

3. Provide 1 continuing education offering for Program participants and local agency staff

4. Each instructor attend 5 continuing education offerings

5. Make 20 site visits (10 Maternal Health, 10 Child Health) to local health departments of Program participants

EVALUATION

Indicators of Program efficiency:
number of nurses trained
tally of hours of clinical practice by instructors
accomplishment of one cont. ed. offering
documentation of site visits in Participant Folders

Further, each component has its own methods of evaluation:

For the Child Health component regional MCH nursing consultants audit records of Program participants six to eight months after Program completion. Program participants evaluate the Program via anonymous questionnaires at the end of each week on site in Guilford County.

For the Maternal Health component, program participants evaluate the supervised practicum at its completion, and also evaluate the total program at the end of the second week in Guilford. Program participants and their nursing supervisors are asked to evaluate the program via a questionnaire, six months to one year after completion of the program.

PROGRAM ELEMENT: Child Health Nursing 260, 377, 335

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The Child Health Nursing program was created in June of 1978 by the general health department administration staff. Several generalized nurses were assigned to work full time in child health services. These and the C & Y nurses were merged to make the Child Health Nursing staff. An additional group of nurses were assigned to work with the schools and made up the School Health Nursing staff. All were moved to either Northwood, Devon or Montlieu sites where the majority of the services to children are given. This was done to promote continuity of service for high risk children of the county, to facilitate closer working relationships, to give access to one medical record, and to reduce duplication of effort.

ADMINISTRATION AND SERVICE DELIVERY:

The Child Health Nursing Supervisor serves as a member of the Core Team participating in overall child health program planning and evaluation. She is supervised by the Child Health Director but maintains a liaison with the Nursing Director of the overall Health Department and with the High Point Nursing Director who is also a member of Core Team and coordinator of the delivery of child health services in High Point according to the child health plan.

The Child Health Nursing Supervisor directs the nursing activities of the child health nursing staffs at Devon and Northwood.

Clinic Nursing Services:

In Greensboro, nursing services are provided in two central locations (Northwood and Devon Street) and in five outlying sites located in housing projects and churches. In High Point, nursing services are provided in clinics at Montlieu and Southside centers. Nursing staff participates in the provision of comprehensive health services, services for episodic care and neurology clinic services. For each clinic visit, the nurse determines appropriate assessments and intervention. This frequently requires collaboration with others involved in care plans. Clinic nurses communicate with community and school nurses for follow up services in the home and community. Patient encounters are documented in the Problem Oriented Health Record.

Community Nursing Services:

Nurses in the community are assigned to geographical districts covering Greensboro and High point as well as rural Guilford County areas. The community nurse does a community assessment in her geographical district for the purpose of identifying children in need of health supervision. Actions are taken to recruit those children in need of health supervision. Actions are taken to recruit those children into the C & Y program or refer them to other appropriate community resources. Patient assessments and follow up services are provided for children 0 - 18 years of age. Referrals to community nurses are generated by the Child Health Clinic staff, School Health, Family Planning/Maternity, Adult Health, private physicians and various local and regional agencies that serve children and youth. The staff provides the initial home assessment on all new C & Y patients to assess the family situation and then counsel, teach and demonstrate appropriately.

Phone contacts and home visits are also made to encourage delinquent patients to keep appointments for immunizations and health supervision. All clients are classified according to the family's need for follow up service. Caseloads are reviewed at least quarterly to make classification revisions and evaluate service given. Community nurses staff the five outlying clinics which occur once or twice monthly. The nursing functions are comparable to the services provided in the central locations. Patient encounters are documented in the POHR. Day care centers are visited to identify those children who are delinquent for immunizations and to follow up on health problems.

OBJECTIVES:

Clinic

During FY 1981-82

1. Clinic nurses will provide recommended assessments and counseling services to 100% of the children seen in clinics.

2. 100% of the children seen in clinics will receive appropriate immunizations resulting in a minimum of 90% in compliance with state and federal standards.

3. 100% of the children requiring additional follow up in the home and community will be referred to the appropriate community health nurses.

4. The clinic staff will communicate with child and school health staffs on 100% of the children referred to insure that recommended services were obtained. 75% will have completed the referral within 90 days.

5. 100 children less than five years of age who attend United Day Care will be provided a school health assessment.

6. 100 children less than five years of age who attend day care programs will be provided a vision screening for purposes of school enrollment, attendance or follow up.

7. 100 children less than five years of age who attend day care programs will be provided a hearing screening for purposes of school enrollment,attendance or follow up.

Methods:

1. Reviews the record to determine immunization status and necessary intervention.

2. Interviews the parent and child during each clinic visit and intervenes based on need.

3. Collaborates with others for plan of care.

4. Utilizes the child health referral form to transmit information between clinic, community and school health staff.

Community:

During FY 81-82

1. The nursing staff will make 9,000 health assessment home visits to residents of their geographic district resulting in 3,000 new patients being enrolled in the C & Y Project for comprehensive health services.

2. 100% of the parents whose children broke appointments will be contacted to encourage them to reschedule appointments for their children.

3. 100% of the parents whose children need follow up service will be contacted and encouraged to seek appropriate service.

4. 100% of the parents who have experienced a Sudden Infant Death will receive counseling services.

5. 100% of the children who are potentially abused or neglected will be referred to DSS Protective Services Unit according to established procedures.

6. Immunization records will be reviewed for 100% of the children enrolled in day care centers.

7. 100% of the day care children found to be delinquent for immunizations will be referred to health department clinics or private physicians for needed immunizations.

8. 100% of the day care children referred to the nurse with health problems will be screened and referred to other community resources if deemed appropriate.

Methods:

1. The staff makes home visits to counsel parents about available community resources.

2. Home visits and/or telephone contacts are made to encourage parents to follow through on recommended services.

3. A referral will be sent to eligibility on all potential patients.

4. A nurse with special training visits and counsels parents who have experienced a Sudden Infant Death.

5. A written referral is sent to DSS requesting a response on all potentially abused and neglected children. A copy is sent to the social worker.

6. Collaboration is sought with others involved in the patients' care.

7. The nurse contacts each day care operator to identify herself as a community resource and establish a visiting schedule.

8. Visits are planned with day care operators to review immunization records and complete the worksheet.

9. Follow up contacts are made to ensure that delinquent children receive adequate immunizations.

10. Children with health problems are referred to the nurse by day care staff for further screening.

EVALUATION:

Each method will be evaluated on a quarterly basis to ascertain if the methods designed to meet the objectives are successful. The program review held semi-annually evaluates the progress made on achieving objectives. Print-outs from the MCH Data System and statistics collected manually on the nursing dailies and clinic records are used to evaluate the quantity of services provided.

Additional objectives and methods related to child health nursing activities are cited in the section on Disabled Children's Program, High Priority Infant Tracking Program, School Health, Crippled Children and Immunization Programs.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: Nursing - Disabled Children's Program (SSI) 260, 377, 335

PROGRAM HISTORY AND STATUTORY AUTHORITY:

Since 1974, the Social Security Administration has been making monthly Supplemental Security Income (SSI) payments to blind and disabled individuals who meet income requirements. Now a program called the SSI Disabled Children's Program (SSI-DCP) offers additional benefits to children who receive SSI payments. For each SSI child under 16, a comprehensive multidisciplinary individual service plan (ISP) must be developed. This must identify the child's needs and the intervention services required to meet them. In addition, the child and his family must be counselled, referrals must be made to service providers, and the ISP must be monitored periodically to ensure that the services in it are appropriate and utlized.

The SSI Disabled Children's Program can pay for services recommended in the ISPs of children under seven and those seven through 15 who have never attended public school if no other source of funding is available.

Managed by a unit in the Developmental Disabilities Branch of the Division of Health Services in Raleigh, the program ensures that for very child under 16, there is a plan.

NEEDS STATEMENT:

Both the legislation authorizing the establishment of the SSI Disabled Children's Program, and the North Carolina design for implementing this legislation reflect cognizance of the profound needs of this population as well as of the weaknesses of current service efforts. Among the problems cited are:

1. Specialized planning and treatment by isolated providers.
2. Lack of comprehensive assessment of other needs of disabled children.
3. Difficulty of making adequate referrals and following up to ensure that these children reach and utilize services which they require.
4. Little appreciation of the constraints under which the families of these children operate
5. Great numbers of patients served by local agencies, nearly precluding deep involvement.

ADMINISTRATION AND SERVICE DELIVERY:

The program is coordinated through the health department under the Child Health Nursing Supervisor's direction. Community Health nurses provide the initial contact to patients in their districts. The Division of Health Services sends names and addresses of children receiving SSI checks each month to the Child Health Nursing Supervisor. This information is placed on a master log then referred to the appropriate district nurse. Nurses contact and counsel families regarding services available through the Disabled Children's Program and/or other community agencies. If a local physician or another agency has been the primary health provider, the nurse will work with them in developing

the Individual Service Plan within the recommended time frames indicated in the program objectives. Reports, Entries of Contacts and Refusals to consent to these services or become involved in Individual Service Plan development are documented in the Child Health Record. Progress reports are submitted to the Nursing Supervisor on a monthly basis to report to the Division of Health Services.

OBJECTIVES:

During Fiscal Year 1981-82:

1. The Health Department will assure that within 30 days of referral all new referrals of SSI children under the age of seven will be counselled about the Disabled Children's Program, offered a medical home if they need one and referred to an appropriate agency for ISP development (Source: Record Audit).

2. The Health Department will assure that within 90 days of referral all new referrals of SSI children over six years of age will be counselled about the Disabled Children's Program, offered a medical home if they need one and referred to an appropriate agency for ISP development (Source: Record Audit).

3. The Health Department will develop ISP's along, in collaboration with the Developmental Evaluation Center, or through referral to the Developmental Evaluation Center for those children under seven for whom there is no more appropriate case coordinator within 60 days of referral and for those children over six within 120 days of referral (Indicator: Number of ISP's developed during FY 1981-82. Source: Record Audit).

Methods:

1. Each child will be made known to his own health department.

2. A medical home will be ensured for each child.

3. Each child will be provided an aggressive lead agent responsible for planning and service provision.

4. The medical, education, social, developmental and rehabilitative status of each child will be assessed (if deemed appropriate).

5. Use of the secondary care system will be maximized, resulting at least, in use of DEC's primarily for evaluation and less for screening and follow-up.

6. Agencies will cooperate in the provision of services.

7. The child's school will begin to consider all of his needs.

EVALUATION:

Each method will be evaluated on a quarterly basis to ascertain if the methods designed to meet the objectives are successful.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: Nursing - High Priority Infant Identification and Tracking
260, 377, 335

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The High Priority Infant Identification and Tracking Program began in July, 1979 with the appropriation of funds to "ensure that all priority infants born within the state receive regular health supervision at least during the first year of life. This program was endorsed by the North Carolina Pediatric Society and the North Carolina Hospital Association. The program was explained to the local pediatricians at the Pediatric Conference by Dr. J. Holliday, Director, Guilford County Department of Public Health, on June 27, 1979.

NEEDS STATEMENT:

This program serves all infants who reside in Guilford County with high priority criteria and whose High Priority Identification forms have been signed by the physician and the parent. This includes infants born out-of-county now residing in Guilford County. Identification forms are also completed on infants born in Guilford County but reside in other counties. The Identification form is then sent to the county of residence. This program has resulted in improved follow-up for high priority infants and improved communications among hospitals, health department and physicians.

ADMINISTRATION AND SERVICE DELIVERY:

This activity is a part of the Child Health Nursing Program. The program is coordinated through the health department with 1 RN in High Point and 1 RN and 1 CHA in Greensboro. Personnel at 3 hospitals cooperate and participate very well. Personnel at one hospital give little cooperation. The RN in High Point visits High Point Memorial Hospital twice weekly to review births, identify infants, work with nursery personnel and pick up forms. The RN in Greensboro visits hospital (Moses Cone) 3 times a week to review births, fill out identification forms and attempts to work with the nursery staff and the Pediatric and Family Practice residents. The RN in Greensboro visits Wesley Long and L. Richardson hospitals once a month to maintain contact with nursery staff and pick up forms. The nursery staff at these 2 hospitals reviews the birth records and fills out forms.

Those infants with high priority factors are visited by the RN or CHA utilizing the birth certificates as the means of identification. Infants who have been in the Moses Cone Intensive Care Nursery receive a post-discharge visit within the first 2 weeks.

Tracking forms are sent to the medical home at 3-4, 6-7 and 12-13 months by the RN and CHA in Greensboro. When forms are returned requesting a contact the CHA or RN makes a home visit and sends a written reply back to the medical home with the results of the visit.

OBJECTIVES:

1. During FY 1981-82, 100% of all Guilford County hospital nursery records will be reviewed for high risk factors by either the nursery staff or a public health nurse.

2. During Fiscal Year 1981-82, the percentage of parental and physician consent to track forms will increase from 66% to 70% on all newborns identified as high priority in Guilford County.

3. By October 1, 1981, the health department will develop written referral agreements with DEC and the Kendall Center Infant Stimulation Program (KID).

4. During Fiscal Year 1981-82, 100% of all high priority infants less than 13 months of age that are referred to DEC or Kendall Center will complete the evaluation within 90 days.

5. During Fiscal Year 1981-82, 90% of all high priority infants tracked at 12-13 months of age will be receiving regular health supervision. This figure is put below 100% to account for those who have moved, were lost or refuse to go for medical care.

6. Utilizing the "High Risk for Newborn Profile" (MCH Program Manual) and the High Priority Infant Identification factors 100% of the high risk infants will be identified and appropriate tracking and follow-up provided during Fiscal Year 1981-82.

7. During Fiscal Year 1981-82, monthly reports will be sent to DHS, MCH branch in Raleigh and Winston-Salem by the 10th of each month.

8. During Fiscal Year 1981-82, all infants identified as high risk living in Guilford County will have a medical home.

Methods:

1. When tracking form is returned indicating no medical care, a contact will be made with the family to strongly encourage medical care, offer alternative resources or see if medical care is being sought elsewhere. These contacts will be made by the RN and CHA.

2. RN in High Point visits High Point Memorial Hospital twice a week.

3. RN in Greensboro visits Cone Hospital 3 times a week.

4. Birth certificates are reviewed at all sites and risk factors indicated. Those infants with moderate and high risk factors receive home visits.

5. Tracking for those infants entered in the High Priority Tracking program is done at 3-4, 6-7 and 12-13 months.

6. Parents will be asked to name a medical home prior to discharge from the hospital whenever feasible.

7. Home visits will be made after hospital discharge to ascertain medical home status.

EVALUATION:

Each method will be monitored on a quarterly basis to ascertain if the methods designed to meet the objectives are successful.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH
CHILD HEALTH PROGRAM

"CRIPPLED CHILDREN'S PROGRAM"

Program Element: Crippled Children's Program (347)

Program History and Statutory Authority:

The Crippled Children's program has served the residents of Guilford County and surrounding counties for the past 45 years. (old records dating back to 1936).

Our program is planned, using the guidelines developed by the Division of Health Services as set forth in 10 NCAS 80.

Need Statement:

Any child 0-21 years of age with a chronic handicapping condition may be evaluated and diagnosed. If financially eligible they receive continuous comprehensive treatment and follow-up for their handicapping condition. Vocational rehabilitation patients are diagnosed and treated under this program.

Administration and Service Delivery:

A clinic is provided on a monthly basis in both the Greensboro and High Point office which includes registration, interviewing, evaluation, diagnosis, treatment and follow-up.

Nursing personnel manages the clinic with orthopedist from Duke Medical Center in Greensboro and two local orthopedist in High Point. The Greensboro clinic is a teaching center for Duke medical students.

Management support collects identifying information and types progress notes. Keeps records and tickler cards up to date, and mails appropriate information to referring agencies.

The nursing staff interviews all patients getting a detailed history on the new and updates information on all returns. They assist the physician with each patient, counsels, and follow-ups.

The coordinator in the Greensboro office is an R.N. who determines eligibility of all patients, acts as liasion between the program and all referring agencies. Reviews all records after each clinic to ensure proper follow-up. Maintains an active file and reviews this periodically to ascertain that follow-up is adequate. Makes referral to other health departments when family moves from the county.

The above duties are performed in the High Point office by Management Support with assistance from a registered nurse.

In the Greensboro office x-rays are made and developed during the clinic hours at no cost to the patient. This is not possible in High Point due to lack of proper equipment. The patients are sent to private radiologist and paid for by the Crippled Children's Program.

The laboratories in both departments do simple procedures (e.g. CBC, Sed Rate, urinalysis) upon request.

Physical therapy and nutritional counseling is available on a limited basis.

Program Objectives:

1. By June 30, 1982 the Crippled Children's Program in the Guilford County Department of Public Health will provide evaluation and diagnostic clinic service to 600 children 0-21 years of age, (estimating a total of 1000 visits) for the purpose of identifying and treating handicapping conditions. Of this number 40% will be new patients.
2. By June 30, 1982 100% of the children found with handicapping conditions will be referred for further evaluation and/or treatment.

"CRIPPLED CHILDREN'S PROGRAM"

3. By June 30, 1982 100% of the children needing treatment will be followed and encouraged to seek appropriate service (e.g. surgery, casting). 90% of the children with a suspected handicap will be monitored for the progression of their condition (e.g. scoliosis).
4. By June 30, 1982 the coordinator in the Greensboro office will collect, analyze and report for ruture planning all conditions not seen through our Crippled Childrens Clinic.

Methods:

1. School Health Nurses screen and refer through yearly kindergarden screening programs, scoliosis screening programs and daily routine observation in schools.
2. The Child Health Program staff screens and refers through comprehensive services, acute care services, day care services and daily routine observation in home visiting.
3. Adult Health Nurses through General Clinic.
4. Parents and outside agencies.
5. Through counseling by the nurses, proper community resources will be identified.
6. Telephone calls and letters by the coordinator and management support, home visits by Child Health and School Health Nurses, will ensure proper follow-up of children needing treatment and of those being monitored for the progression of their condition.
7. Copies of all clinic visits will be sent to the Child Health Division on a monthly basis for review and appropriate follow-up as requested or indicated.
8. On a semi-annual basis the coordinator of each clinic will make a planned visit to the Child Health Division to update, give progress report and to evaluate the performance to date.
9. The Child Health Nurses - School Health Nurses will send a monthly report of their follow-up visit which will be recorded in the child's record by the coordinator.
10. Health Education will provide information regarding health awareness, referral sources and services available to teachers, parents, day care staffs and other community groups.
11. Referral - follow-up DHS Form 2734 will be used to transmit information between Child Health Division and Crippled Children's Program.
12. The coordinator will collect her data for future planning through the program authorization forms.
13. Nutritional counseling is offered to all children in our child health program. To all other children on a very limited basis.
14. Physical Therapy is available in all Crippled Children's Clinics on a monthly basis. The three school systems will provide physical therapy upon request, and if eligible Crippled Children's Program will pay private therapist.

Evaluation:

1. By June 30, 1982 the Crippled Children's Program of the Guilford County Department of Public Health provided evaluation and diagnostic clinic service to _____ children 0-21 years of age, estimating a total of _____ visits, for the purpose of identifying and treating handicapping conditions. Of this number ____% were new patients.

2. By June 20, 1982 ____% of the children found with handicapping conditions were referred for further evaluation and or treatment.
3. By June 30, 1982 ____% of the children needing treatment were followed and encouraged to seek appropriate service. ____% of the children with suspected handicaps were monitored for progression of their condition.
4. By June 30, 1982, the coordinator in the Greensboro office collected, analyzed and reported all conditions not seen through our Crippled Children's Clinic.

Each method will be monitored on a quarterly basis to ascertain if the methods designed to meet the methods are successful.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: Child Health Nutrition 263

PROGRAM HISTORY AND STATUTORY AUTHORITY:

Nutrition has been an integral part of the health care team since the inception of the Children and Youth Project in Guilford County. During the first years the nutrition staff consisted of a nutritionist, a dietitian, and a home economist. The county then participated in the Commodity and Supplemental Food Program. Nutrition aides were employed to assist families in their homes in better use of these foods. When these food programs were discontinued, the aides moved to other jobs and a nutritionist was employed to work in clinics. Later, a new position was established to provide nutrition services in the Child Health clinics in High Point. Three years later, a reduction in force resulted in the 4 nutritionist positions being cut to 2 and these 2 remain as the Child Health Nutrition staff. The Child Health nutrition component is now a vital part of the medical care team, providing nutrition assessment and educative services, both remedial and preventive, to all Child Health patients throughout the county.

Statutory Authority: GS 130, GS 143B

NEEDS STATEMENT:

Clientele served are all low income participants in the C & Y Project who are given direct service in clinics and in special appointments, School Health and other staff referrals seen in special appointments or served indirectly through the Public Health Nurse and other staff, requests/referrals received from community agencies as Kendall Center, DSS, DEC, private physicians, etc. and requests for training and/or field experience from area college and university programs. Nutrition consultation is provided other agencies and groups on a limited basis as work priorities permit and as it relates to the nutrition needs of children. The Child Health nutritionists work closely with the WIC Program to avoid duplication of services and to provide nutrition education.

ADMINISTRATION AND SERVICE DELIVERY:

There are two Child Health nutritionist positions spread among 3 persons. With the establishment of the WIC Program the supervising nutritionist's time was split 50/50 in order to work with both programs and this was balanced with another nutritionist position split 50/50 Child Health and WIC. The Nutrition Generalist (High Point) spends 35% of her time serving patients in C & Y clinics, School Health and WIC.

The WIC Program is incorporated into the framework of the Child Health clinics. By necessity and to avoid duplication of services, a WIC patient is given nutrition services as he is seen in clinic by the Child Health nutritionist, This time is balanced, however, by the nutrition service given by the WIC nutritionist as she sees a WIC patient who comes to C & Y clinic at other times but has come to her for a special WIC action. For these patients, the WIC nutritionist dictates SOAP notes in the patient's C & Y record.

For the period July - December, 1980, 1,504 C & Y patients were seen and 2,877 WIC patients were seen. Approximately 45% of patients seen were registered in both programs.

Nutrition services provided include screening, nutrition assessment, referral, dietary counselling, nutrition education, follow-up, evaluation, records and reports, and coordination.

PROGRAM OBJECTIVES:

During Fiscal Year 81-82:

1. 90% of individuals assessed to be in need of nutritional care will have a nutrition care plan developed and integrated in the patient case record.

2. 50% of individuals under nutritional care will have at least one follow-up visit within six months of their first visit to assess progress and to continue appropriate educational activities.

3. 100% of patients seen in in-house clinics will have nutritionist available.

4. 100% of patients with a written referral from outlying clinics will have a nutritionist contact them by telephone or letter within 30 days.

5. Nutrition staff will be available to provide a maximum of 4 nutrition in-service sessions for Child Health staff.

6. Nutrition staff will provide professional nutrition experiences to 5 students per semester for 4 to 8 hours in response to requests from students, universities and agencies.

7. Nutrition staff will continue working toward the development of an agency plan for incorporation of student field experiences in nutrition in Child Health clinics and for observation in the WIC Program.

8. Nutrition staff will be available to provide a maximum of 10 programs per year to other agencies and groups.

EVALUATION:

Evaluation will be by:

1. Self monitoring at monthly intervals, using record audit of 10 randomly selected medical records, documented and reported quarterly to the Child Health Director

2. Observations from monthly reports, other reports.

3. Six month written work reviews prepared for Dr. Holliday, Health Director.

4. Participation in core team, staffings, planning meetings, etc.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: School Health 371

PROGRAM HISTORY AND STATUTORY AUTHORITY:

School Health has been an area of high priority in the programs administered by the Guilford County Department of Public Health for over half a century.

1900-1977 School Health services were expanded as additional staff was added and school population increased. Nursing services were provided through a generalized nursing program.

1977-1978 There were 13 school nurses (10 in Greensboro, 3 in High Point) working under 4 generalized nursing supervisors.

1978-Present There are 11 school nurses (8 in Greensboro, 3 in High Point) working under 1 nursing supervisor.

There is no statutory authority that mandates specific School Health services. However, the health director is instructed to cooperate with the superintendent of the schools to insure health care for school children. There are laws addressing responsibilities for the school environment including cafeteria, immunization requirements for school children and procedures to follow for quarantines in cases of communicable diseases.

NEEDS STATEMENT:

There are 59,500 students (ages 5-19 in 105 schools) in the three public school systems and 3,000 students in private an parochial schools in Guilford County who are eligible for some School Health services.

ADMINISTRATIVE AND SERVICE STRUCTURE:

Eleven School Health nurses and a nursing supervisor provide regularly scheduled School Health services to 59,500 students in the three school systems.

There are two nurses employed by the Greensboro School System serving McIver and Cerebral Palsy/Orthopedic School (approximately 300 students).

Overall School Health program planning is done with the administrative staff of each school system. Monthly meetings are held in each system with Pupil Personnel Services staff and representatives from Nursing, Health Education, Dental and Mental Health.

The school nurse provides weekly visits to each of her 8 to 10 schools. The nurse:

1. Plans school health activities with each principal and his staff.
2. Acts as consultant to school staff in all health related matters.
3. Acts as liaison between the medical community and the schools.
4. Works closely with schools, Child Health nurses and DSS on child abuse and neglect cases.

5. Plans development programs in areas of health and classes on specific health subjects for students with health educators and school staff.
6. Rescreens and provides follow-up on all referrals from teachers and other school staff.
7. Works closely with the schools to interpret immunization records.
8. Provides follow-up (telephone calls and home visits) to parents by assisting them in securing further evaluation/treatment for suspected problems.
9. Makes referrals to school-age clinic for in-depth assessment.
10. Conducts special screening programs (kindergarten, scoliosis, dental) with necessary follow-up and also special education programs such as breast self examination.
11. Serves on selected school base assessment committees and acts as consultant to others.
12. Provides follow-up on referrals from physicians, community agencies, child health nurses, family planning and maternity clinics.
13. Participates in community activities related to problems of the school-age child such as teenage pregnancies, child abuse and drug and alcohol abuse.
14. Keeps statistical data of all activities in schools.

For the past three years, the School Health nursing staff has been setting its goals for high achievement each year. So far, these goals have been met, despite the fact that the number of nurses has been decreased by two during the reorganization of staffing in 1978. Until additional staff can be obtained or new staffing patterns developed, it is felt that we will have to curtail any new programs or any expansion of existing ones. The maintenance of school health standards is desired even for a minimum level of service. The School Health staff is near to meeting many of these standards even though the Fulcher Report recommends a ratio of 1:2500 nurse to students while our ratio is 1:5500. The schools are making many demands on the nurses for services. For an efficient School Health program these demands are not excessive. However, meeting these demands is not possible at the present time.

PROPOSALS OF SUGGESTED STAFFING CHANGES:

1. Visit primary and elementary schools once a week. Visit junior and senior high schools every other week.
2. Have nurses that are not on leave during the summer (6/15/81 to 8/15/81) address the following:
   a. revise and update policies, procedures and forms to be used the following school year.
   b. plan to deliver more efficient services during the school year.
   c. develop criteria to be used by all nurses regarding follow-up of defects.

GOALS AND OBJECTIVES:

1. By June 30, 1982, plans will have been developed to establish an interagency council including representatives from the three school systems, health department, educational and professional associations and other responsible community groups with input from parents and students. This council will plan jointly the School Health program for Guilford County.

Methods:

1. Elicit support from the administration of the three school systems.
2. Conduct a meeting of representatives of the groups involved.

2. By June 30, 1982, a task force will be appointed to review and revise School Health policies and procedures. This task force will be made up of school nurses, health educators, principals, teachers and other school staff from the three systems.

Methods:

1. Work through present Pupil Personnel Committees to get members appointed to the task force.
2. Use state School Health policies and procedures which are to be available in June, 1981, as a basis.

3. By June 30, 1982, 100% of the students entering kindergarten, first grade or transferring into the school systems will be in compliance with North Carolina Immunization Law.

Methods:

1. Follow policies and procedures developed during 1979-80 school year.

4. By June 30, 1982, the eleven school nurses will have participated in a workshop or a prescribed course of study to increase their physical assessment skills and will have been provided the equipment needed to perform these functions.

Methods:

1. Arrange with Child Health teaching program to conduct workshops in late August, 1981, or to have involved school nurses in the established program.
2. Request in 1981-82 budget needed equipment, i.e., otoscopes and children's blood pressure cuffs.

5. By June 30, 1982, some type of kindergarten screening program will be in place in the three school systems.

Methods:

1. Work with county administrative staff to develop a program.
2. For the health components, nurses will gain the cooperation and train school staff or volunteers to do initial screening freeing the nurses for more complicated screening and follow-up.

6. By June 30, 1982, each school nurse will have participated on one school base assessment committee from her assigned schools.

Methods:

1. Continue to work with school staff to make them aware of what nurses have to offer.
2. Develop procedures and policies for each of the school systems to follow in making requests for nurses to collect significant health data and provide input for all school base assessment committees.

7. By June 30, 1982, 4,000 seventh grade students will have participated in a Scoliosis Screening Program with appropriate follow-up.

8. During FY 81-82, the school health nursing staff will provide a vision screening to 1500 children five years and over for purposes of school enrollment, attendance or follow up.

9. During FY 81-82, school health nurses will provide a school health assessment excluding laboratory tests to 1500 children over five years of age.

10. During FY 81-82, school health nurses will provide hearing screening to 1500 children five years of age and older for purposes of school enrollment, attendance or follow up.

11. During FY 81-82, school nurses will participate in the recruitment of new patients to receive comprehensive child health services by referring 1,000 new patients who they have identified in their school and home visits as having inadequate health supervision and who they think will meet the eligibility guidelines.

EVALUATION:

By June 30, 1982, each of the above objectives will have been met.

Each objective will be monitored on a monthly or quarterly basis. Complete statistical data will be compiled by December 31, 1981 and June 30, 1982.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: Social Work 256

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The social worker in the Child Health Program contributes knowledge and skill in identifying specific social risk factors or problems that contribute to high risk situations, dealing with social needs of children and their families, understanding of the dynamics of human relationships, knowledge of the range of community services available to meet social needs and the ability to organize social services to meet these needs. The social worker functions as an integral part of the comprehensive Child Health Program to insure comprehensiveness and continuity in health management.

Social work has been a part of the Child Health Program since its conception. The social worker has functioned as a member of the interdisciplinary health team both in working collaboratively to provide service to patients and their families and in providing consultation. Social work has also contributed to program planning serving as an advocate for the patient.

NEEDS STATEMENT:

Social work staff provides direct services to individuals and families of the Child Health population.

The needs being met by social work are as follows:

1. Strengthen the social and emotional component in the provision of health services.

2. Identify social risk factors and diagnose social problems at an age and develop and implement a plan of intervention.

3. Provide direct supportive services to assist families in bringing about environmental and/or interpersonal change that would create a more favorable environment for the growth and development of children and thus strengthening and maintaining the family structure.

4. Provide direct services to adolescents having problems coping with family situation, school setting, community or interpersonal adjustment.

5. Coordinate with existing community resources in order to provide continuity in supportive services needed for children and their families.

6. Work collaboratively with other health team members as necessary to provide comprehensive health services.

7. Provide consultation to other Child Health and School Health staff and as appropriate to other agencies and institutions in the community.

ADMINISTRATION AND SERVICE DELIVERY:

Predominant methods of social work intervention are casework and community organization, employed to provide individual and family counselling and to secure

necessary community services. Specific approaches to service delivery are selected by the social worker for intervention with a particular individual, family or situation depending upon the needs presented at the time.

The range of services provided by the social worker may include the following:

1. Counselling to modify attitude and relationships which adversely affect patient or family functioning.

2. Counselling to relieve both external and internal stress in the life situation.

3. Counselling patients and families to assist them in adapting to ther psycho-social difficulties which may precipitate or result from illness.

4. Helping patients and families with adaptation to illness and/or disability and treatment in accepting these limitations.

5. Helping patients and their families make the best possible use of medical care by facilitating understanding and providing support necessary to follow through with medical recommendations.

6. Providing health education as an integral component of the social work function, for the purpose of helping patients to maintain clinic appointments and comply with medical regimen.

7. Counselling parents who are having difficulty adjusting to the role of parent in order to help them cope more successfully as effective parents by understanding appropriate age level behaviors, exploring role expectations and feelings and exploring alternative methods of child rearing.

8. Counselling with parents who present a high risk or who are suspected of child abuse or neglect but are not yet involved with the Department of Social Services.

Criteria for screening and referral to social work by other staff are established by the "Guidelines for Referral to Child Health Social Work". This includes as high priority the following areas:

Parent-Child Difficulties
Suspected Child Abuse or Neglect
Interpersonal Relationship Difficulties
Traumatic Change in Family
Mental Illness
Behavior Problems
Marital Conflict
Unwanted or Problem Pregnancy
Difficulty in Emotional Adjustment
Failure to Thrive
Mental Retardation
Adolescent Adjustment
Difficulty Coping with Psychosocial Problems Related to Chronic or Terminal Illness

Other areas appropriate for referral include the following:

- Adjustment Concerns
  Learning Problems with Emotional Overlay
  Placement Planning
  Difficulty in Utilizing Available Health and Welfare Resources in the Community
  Financial Stress
  Acute Housing Needs
  Referral to Other Agencies

The social worker does an intake assessment on their initial visit to clinic to diagnose the family's level of psychosocial functioning and to identify problems or potential problems including difficulty perceived in the patient's ability to utilize health services. A treatment plan is developed when appropriate.

Follow-up of situation will be accomplished through subsequent clinic visits, special office visits, home visits, telephone contacts and collaboration with other health staff.

Social work staff will work collaboratively with other team members to develop appropriate treatment plans. Consultation will be available to other members of the health team and to other community agencies when appropriate.

PROGRAM OBJECTIVES:

1. Social work will provide coverage to all clinics held at Northwood Street, to all outlying clinics, full-time coverage to Community Health Center and coverage for all clinics in High Point.

2. By September, 1981, social work will work jointly with nursing to develop a plan to facilitate an integrated approach to the provision of health services.

3. By January, 1982, develop a plan to facilitate interagency communication and cooperation with Family Planning.

4. By January, 1982, develop a plan to facilitate interagency communication and cooperation with Mental Health.

5. By October, 1981, identify predominant social problems of Child Health population.

6. Expand professional knowledge of each social worker through selected workshop attendance.

EVALUATION:

The individual performance of each social worker is evaluated by the social work coordinator, through the use of individual conferences, monthly reports and individual performance reviews required by the agency. The social work program is evaluated internally through regularly scheduled group meetings of social work staff. The social work coordinator submits a monthly statistical report of social work activities, an annual narrative report, annual program plan and participates in a six months program review by the Health Director.

GUILFORD COUNTY HEALTH DEPARTMENT
CHILD HEALTH DIVISION

PROGRAM ELEMENT: Speech and Hearing 258

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The Speech and Hearing Clinic originated with the funding of the Children and Youth Project and has been in existence since 1967. In 1968, the clinic was moved into a relocatable office trailer supplied with diagnostic and conference rooms designed to meet our needs for testing, therapy and parent interviewing/counselling. Speech and language and audiometric testing equipment were added, including a double chamber, sound treated audiometric suite and clinical audiometer. Six years later the audiometric equipment was updated with a versatile clinical audiometric unit and a portable impedance audiometer.

In 1975, the N.C. licensure law passed, requiring all Speech and Hearing Clinicians to hold a Master's Degree and be licensed to practice speech-language pathology. Though the discipline has fluctuated between 2 and 4 staff members, types of services provided have remained essentially the same since the clinic's origination and number of client contacts has doubled. Prevention of communication problems has been major emphasis and now the program is expanding its diagnostic and evaluative services.

NEEDS STATEMENT:

The majority of our clientele are those children, aged birth - 18 years, registered on the C & Y Project. In this high risk public health population, the prevalence of communication disorders may be as high as 25-30%. Speech and hearing handicapping conditions and and other developmental disabilities are often associated with chronic health and social problems. Stimulation in the home may be lacking as well as knowledge of child development. It is the purpose of the Speech and Hearing discipline to provide preventive, diagnostic and treatment services in speech and language development and hearing. Communication disorders are identified and evaluated, as near to the onset as possible, so that remedial treatment can begin, thus minimizing or preventing a delay in the child's learning.

A community need has also been expressed for speech and hearing evaluations of children not registered on the project. Public schools, private physicians, day care centers and special preschool and other agencies frequently refer children to our clinic. Without this free service, many of these children would not receive the needed attention and evaluation.

A third population we serve, as a public service organization, is the general Guilford County community, who requests information and education. We continue to provide workshops and inservices and serve as a consultant to community groups and local organizations.

ADMINISTRATION AND SERVICE DELIVERY:

1. Professional Representation
   a. Inter-agency
      1. Referral source for children with suspected problems
      2. Present inservice training programs
      3. Participate in team conferences and staffings

b. Inter-agency
   1. Liaison/consultant to community agencies
   2. Utilize to and from referrals
   3. Assist community professionals in treatment planning
   4. Provide workshops and information to parents, local organizations, speak to community groups

2. Professional Services
   a. Preventive
      1. Assessments of speech, language and hearing
      2. Parent counselling
      3. Provision of literature/handouts on normal development

   b. Diagnostic
      1. Speech and language diagnostic evaluations
      2. Diagnostic hearing evaluations

   c. Therapeutic/Follow-up
      1. Formulation and implementation of treatment plans and recommendations
      2. Medical, educational, therapeutic referrals
      3. Preschool placement
      4. Speech and language therapy for C & Y preschool children

Speech and Hearing coverage includes both Greensboro and High Point. C & Y children are provided with speech, language and hearing assessments. Services may include either a screening or diagnostic evaluations. Parents are educated as to developmental expectations of their children's speech and language and guided in ways to stimulate this development. Treatment plans are made for all children seen. Those with identified problems are planned for habilitation/ rehabilitation, usually through parent counselling, medical, educational and therapeutic referrals and preschool placement. Therapy is provided at this clinic for a limited number of children with delayed/disordered speech and language development. Non C & Y children are provided only with an evaluation and parents are guided toward appropriate treatment resources.

In the past the Speech and Hearing program operated through C & Y clinic coverage and special appointments for evaluations. A major emphasis was on preventive services through yearly routine screenings. Due to part duplication of this service with the nursing staff and the need to better serve those with communication problems, the program's operation in Greensboro is changing to that of a referral system. Instead of covering clinics, all children suspected of a speech, language or hearing problems will be referred by staff and seen by appointment. This will allow for greater in-depth evaluation of children with problems and more time to be spent in treatment, planning and implementing. We will continue to provide a screening for all other C & Y children but only on a one-time basis. High Point coverage will continue to be through clinic assessments.

PROGRAM OBJECTIVES:

During Fiscal Year 82-83, the Speech and Hearing staff:

1. Will schedule 100% of the children referred by the clinic staff who they suspect have problems.

2. Will schedule 100% of the four year olds in the Child Health program for speech, language and hearing screening.

3. Will screen 750 C & Y children and 25 non-C & Y children for speech, language and hearing.

4. Will perform speech and language diagnostic evaluations for 200 C & Y children and 35 non-C & Y children.

5. Will provide speech and language therapy for an average of seven patients per week for a total of 500 visits for the year. Each patient in therapy will be seen for two sessions per week, lasting an average of 45 minutes each. The length of time a child stays in therapy varies from two months to more than a year.

EVALUATION:

The program will be evaluated semi-annually at program reviews and monthly, quarterly and annually by the staff in reviewing statistical records of services provided.

GUILFORD COUNTY HEALTH DEPARTMENT
Child Health Division

OPERATIONAL PROGRAM PLAN
WIC

PROGRAM ELEMENT

Accounting Class Codes: 328, 331, 332

PROGRAM HISTORY AND STATUROTY AUTHORITY

The establishment of the Special Supplemental Food Program for Women, Infants, and Children (WIC Program) was authorized by Public Law 92-433, approved September 26, 1972 (86 Stat. 729), which added to the Child Nutrition Act of 1966, as amended, a new Section 17 (42 U.S.C. 1786). This Section authorized a two-year pilot program for Fiscal years 1973 and 1974 which was extended through 1975 to provide supplemental foods to pregnant and lactating women, infants, and children up to four years of age who are determined by competent professionals to be "nutritional risks because of inadequate nutrition and inadequate income". Public Law 92-433 stated that the Secretary of Agriculture shall make cash grants to the health department or comparable agency of each state for the purpose of enabling local agencies to carry out this program.

Public Law 94-105, approved October 7, 1975, further extended the WIC Program through the Fiscal Year ending September 30, 1978. This law added: the provision of supplemental foods for children up to five years of age for the same reasons; and a mandatory nutrition education component.

The purpose of the WIC Program is spelled out in Section 17(a) of Public Law 94-105 (The Child Nutrition Act of 1975):

> The Congress finds that substantial numbers of pregnant women, infants and children are at special risk in respect to their physical and mental health by reason of poor or inadequate nutrition or health care, or both. It is, therefore, the purpose of the program authorized by this section to provide nutritious foods as an adjunct to good health care during such critical times of growth and development in order to prevent the occurrence of health problems.

It is the philosophy of the North Carolina WIC Program that in order to fulfill the legislated purpose of the Program, the following must be present at the level of implementation:

> Integration of WIC with established health services; emphasis on the WIC food package as a prescription; and nutrition education services tailored to the needs of the individual target population participant.

The United States Department of Agriculture announced the WIC Program on July 9, 1973. Rules and regulations were first printed in the Federal Register July 11, 1973. The first six of North Carolina's WIC programs were funded December 6, 1973, with start-up dates occurring in March, at which time one additional program was funded. Guilford County was one of these pilot counties. During January 1975, three more programs were funded, and caseload increases were granted to four of the original six programs. Two programs were added in April 1975. Guilford County decided to terminate in July 1975 due to the amount of administrative costs incurred by the program. The next program began July 1976. As of August 1, 1976, there were 12 local WIC Programs in 25 of the 100 counties. Today, there are WIC Programs in 90 of the 100 counties.

The WIC Program in Guilford County began again in May 1979. The program was initially funded for four clerical positions, three nutritionists, and one WIC Director. The program enrolled its first participant in June 1979. Two additional positions, a nutritionist and a clerk were approved in March 1980. The caseload has grown to over 3,000 active participants.

The WIC Program is currently guided by:

Statutory Authority

GS 130-9(b); GS 130-9.3; GS 130-11; GS 143B-10

Federal Legislation

PL95-627, Child Nutrition Act of 1966 (as amended)

Federal Regulations

(1) 7 CFR 246.1 through .25 (1979), United States Department of Agriculture, Food and Nutrition Service, Special Supplemental Food Program for Women, Infants and Children, final rule;

(2) 7 CFR 246.7 (b) (2) (i) (1977), United States Department of Agriculture, Food and Nutrition Service, Special Supplemental Food Program for Women, Infants and Children (certification of persons, nutritional risk, inadequate income);

(3) 7 CFR 246.8 (1977), United States Department of Agriculture, Food and Nutrition Service, Special Supplemental Food Program for Women, Infants and Children (supplemental foods);

(4) 7 CFR 246.9 (1980), United States Department of Agriculture Food and Nutrition Service, Special Supplemental Food Program for Women, Infants and Children (Supplemental Foods);

(5) 7 CFR (Amdt 1) (1980), United States Department of Agriculture Food and Nutrition Service, Special Supplemental Food Program for Women, Infants and Children, Interim Rules (performance standards).

NEEDS STATEMENT

The WIC Program is designed to serve pregnant and breastfeeding women, infants, and children up to the age of five. These individuals must live in Guilford County, meet the income guidelines for the WIC Program, and have a medical problem that will qualify them for the program. If all these requirements are met, then an individual can become a participant of the program. It is estimated that at least 4,300 individuals are at risk in Guilford County. Currently, 687 women, 872 infants, and 1,570 children are enrolled in the WIC Program. Services are provided at seven sites in Guilford County.

Once enrolled in the program, the participant is offered several services to meet their needs. First, specific foods are available to the participant to supplement other available food sources. These foods are directed at easing or curing the defined medical problem. Second, counselling is available to the participant from a staff nutritionist. The participant is able to discuss nutrition problems with the nutritionist at the certification appointment and at other requested times. Third, education is available to the WIC participant. Discussion of specific medical problems using booklets, slides, and films is conducted with the participant individually or in a small group.

The Guilford County WIC Participant Nutrition Education Questionnaire took a random sample of 63 WIC families representing 89 WIC participants. Approximately one-third of the participants are served at Northwood, one-third at High Point and one-third at Community Health Center, Devon Street.

The categoric breakdown is as follows:

	Total number	Percentage
Pregnant women	6	7%
Breastfeeding women	1	.1%
Postpartum women	22	25%
Infants	26	29%
Children	34	38%
Total	89	

The number and percentage of those answering each question is given on the following tally sheets

The data collected indicates a great deal of interest in nutrition and a high level of satisfaction among participants with the services provided. Of those polled, 95% considered learning about nutrition very important, 95% had at least one nutrition contact and 92% felt they had learned something from the contact.

The areas of interest in nutrition were polled for popularity. Sixty-eight percent of those polled wanted to learn more about food rich in iron. Iron deficiency anemia is our number one problem among WIC participants. Food budgeting was second in popularity with 61% requesting more information in this area.

WIC participants prefer seeing the nutritionist (73%) or reading a book (55%) as a means of learning about nutrition.

The best time for participants to receive information about nutrition was not indicated by a majority of responses to any one choice.

Sixty-one percent of our participants have no problems coming in for WIC nutrition education.

The most frequently chosen method of improving services were having more hand-out materials (41%) and having classes (33%). Nineteen percent asked for night services.

For a breakdown of responses for each site, the individual tally sheets may be seen in the WIC office.

ADMINISTRATION AND SERVICE DELIVERY

The WIC Program in Guilford County operates Monday through Friday from 8:00 am to 5:00 pm with the exception of holidays. Seven clinic sites are utilized to deliver services to participants. These sites are open on a scheduled basis or are part of an on-going clinic operation. A nutritionist is available at each site when WIC clinics are in operation. Clerical support is also provided when needed. Applicants are enrolled on an appointment basis unless an emergency situation exists.

When an applicant makes an initial visit to the WIC Program every effort is made to process that person the same day and to issue food instruments. If the applicant can be seen, the individual is processed and issued food instruments within forty-five minutes to an hour. If the applicant cannot be certified that day, the individual is given a standard food package and an appointment to return at a later date is made. On that date, which may be four weeks later, the participant will be provided nutrition education and counselling. Participants who have been certified by other WIC Programs, whether in North Carolina or other states are eligible for the WIC Program in Guilford County and are automatically accepted.

The WIC Program is a cooperative program with food stores in Guilford County. Participants are allowed to redeem food instruments at stores that have contracted with the program. Only stores that are on the program may redeem the food instruments for the specified foods. Cooperation between the program and stores reduces to a minimum the opportunity for abuse of the services.

PROGRAM OBJECTIVES

Problem: Applicants to the WIC Program are having to wait for a period of time before receiving the services of the program. Limited personnel have forced some applicants to wait two to three months before being enrolled in the WIC Program.

Objective I: To reduce the waiting period for WIC services from two months to two weeks by June 30, 1982.

Method: Additional staff positions have been approved by the State WIC Program for the agency. Once these are employed, the waiting period should begin to decline.

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Problem: Funds for the WIC Program are beginning to stablize nationwide. The anticipated growth of the program will not be possible in the new fiscal year.

Objective II: Stabilize the caseload for the WIC Program to an accepted level of active participants by June 30, 1982.

Method: Priorities IV and V will be eliminated in order to ensure that those most in need will receive WIC services.

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Problem: Currently, all publications distributed by this WIC Program are manufactured by infant formula companies and do not relate directly to the local program. Brochures and slides concerning the WIC Program in Guilford County are needed.

Objective III: To develop a brochure and a slide show about the local WIC program for use in education and outreach by June 30, 1982.

Method: Working with Health Education, the nutritionists will develop a brochure for use with the public and a slide show utilizing slides of local staff.

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Problem: After a year and a half of operation, some misunderstanding still exists about the WIC Program in the medical community. Physicians and clinics remain confused about the services of the program.

Objective IV: To send a letter explaining the WIC Program and its services to all local physicians who are in a position to make referrals to the program by June 30, 1982.

Method: A letter will be drafted by the WIC Director and mailed to all those involved with the program or who have the capability to be involved.

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Problem: Services are offered to a client population by Child Health and the WIC Program. These individuals must sometimes make several visits to accomplish necessary needs with both projects.

Objective V: To achieve coordination of WIC certification/re-certification appointments with Child Health comprehensive appointments by December 31, 1981.

Method: The WIC Director will plan with the Clerical Supervisor for the coordination of the system.

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Objective VI: During fiscal year 81/82, maintain a monthly average active participation of 3,200 individuals found to be at nutritional risk in the supplemental food program.

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Objective VII: During fiscal year 81/82, 25% of the women who express an interest in breastfeeding will be doing so at six weeks postpartum.

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Objective VIII: During fiscal year 81/82, 50% of individuals found to be in need of nutritional care will have at least one follow-up visit within six months of their first visit to assess progress and to continue appropriate educational activities.

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Objective IX: During fiscal year 81/82, 100% of individuals assessed to be in need of nutritional care will have nutrition care plans developed and integrated into the patient care record within 30 days of assessment.

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Objective X: During fiscal year 81/82, 95% of WIC participants will receive nutritionist services at least once during certification period.

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Objective XI: During fiscal year 81/82, objectives stated in 1980/81 Nutrition Education Plan will be reviewed with regional nutritionist and action taken to complete them by June, 1981.

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Objective XII: During fiscal year 81/82, to participate as a pilot site for nutrition surveillance.

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Staff Training Needs:

Needs	Nutrition Staff	WIC Clerical Staff	Nursing & MCH Staff
(Identified by Training Needs Appraisal Forms)			
Nutrition Updates	X		X

	Nutrition Staff	WIC Clerical Staff	Nursing & MCH Staff
New approaches in counselling (i.e obesity)	X		X
In-service on dietary patterns of migrants, facilities, etc.	X	X	
In-service on time management, assertiveness training, problem solving, values judgment	X	X	
Update on Breastfeeding and Infant feeding	X	X	X

Quality Assurance:

1. Develop tracking method to use as a tool in assessing improvement of WIC participant's knowledge for those patients certified under risk codes C0401, C0404, C1403, and G codes (breastfeeding).

Evaluation:

1. Patient record audit of 10 randomly selected WIC medical records, reported quarterly to WIC and Child Health Directors.

2. Monitoring visits, monthly reports, etc.

RESOURCES FY 81-82

Budget: Federal - $188,000
State - -0-
Local - -0-
Other - -0-

PERSONNEL

The WIC Program of Guilford County employs thirteen staff members. This includes seven clerks, five nutritionists, and one director. Of the clerks, two are Clerk-Typist III, four are Clerk III, and one is a Clerk IV. Of the nutritionists, one is a Nutritionist II and four are Nutritionists I. The WIC Director is an Administrative Officer I.

In terms of funding, the WIC Director and seven clerks are all 100% WIC funded. Three of the nutritionists are funded 100% from WIC funds and 50% from Child Health. Positions are funded using a ratio of two staff positions per 500 participants. These positions are usually a clerk and a nutritionist.

EVALUATION

The WIC Program will be evaluated by several methods. First, a monthly report on enrollment and active participation is prepared the first week of each calendar month. This report allows us to examine the growth of the program by site and to examine utilization of personnel.

Second, monthly expenditure reports are prepared for submission to the State Budget Office on the 8th of each calender month (DHS Form 2950). This report allows us to monitor expenditures on a continual basis and to make adjustments in the budget as needed.

Third, a monthly activities report is prepared for submission to the state on the 8th of each calender month (DHS Form 2389). This report provides totals of education contacts with participants by our nutritionists. It also monitors participation by migrants and the educational activity of staff.

Fourth, computer printouts are received on a regular basis from the State WIC Program. These printouts reflect the caseload in terms of status on the program, ethnic background, criteria utilized by the program, and costs per participant. They are reviewed when received to maintain an on-going evaluation of program operations.

Lastly, a quality assurance program is in effect to provide self-monitoring of the WIC Program. Every six months the program is reviewed by the staff in terms of administration, nutrition, nutrition education, and participant involvement. This enables the local program to correct errors before they become a major problem and provides for better monitoring reports by the State WIC Program.

Evaluation of Previous Year's Plan and Objectives

Due to staff shortages and patient services provided, work on the nutrition education plan has been delayed.

Nutrition staff will approach health outcome objectives stated in the 1980-81 Nutrition Education Plan as educational objectives. Assistance will be requested from Ann McLain to revise and complete these objectives and evaluate the plan by June 1981.

FAMILY PLANNING/MATERNAL HEALTH

MISSION:

A. To enable persons to plan the number and spacing of their children.

B. To benefit economically the family and society by preventing the birth of babies for which the family cannot provide.

C. To enhance the health of mothers and babies by reducing high risk births and by the provision of prenatal care.

D. To improve perinatal and infant survival and the quality of life for the survivors of the perinatal period.

GUILFORD COUNTY HEALTH DEPARTMENT
Family Planning/Maternity Division

PROGRAM ELEMENT: Family Planning 291, 294, 299, 301, 304, 311, 317, 318, 319

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The Guilford County Health Department has offered family planning service since the late 30's. For many years the service was offered in the maternity clinics and served the same women who obtained prenatal care through the Health Department.

The Family Planning Program took its present form in the 70-71 fiscal year with the advent of federal funding. At that time the program was set up as a division of the Guilford County Health Department and services were expanded. Before FY 71 the Health Department had been serving about 700 patients per year. In FY72 3,800 patients (unduplicated count) were served. In FY73 the number grew to 6,726 and continued to grow to 9,285 in FY76. The Program has stabilized at between 9,000 and 9,500 patients since then.

The Family Planning Program is subject to the guidelines of the following federal funding sources: Title X, Title V, Title XIX, and Title XX. Each of these federal programs has extensive guidelines dealing with services, personnel, fiscal procedures, eligibility, etc.

The Standards for Local Health Departments in North Carolina in Section .0207, pages 21-23, lists standards, essential components, rules and recommendations for family planning services.

NEEDS STATEMENT:

At any given time about 58% of the women in the 15-44 age group are in need of family planning service, which works out to about 45,000 persons in Guilford County. Most of this need is met by the private sector. The Dryfoos-Polgar-Varky formula is commonly used to estimate how many women need subsidized family planning service. According to the formula about 10,290 women in Guilford County need subsidized family planning service. We feel that for an urban county with a large number of college students this estimate is too low.

The need for education and counseling in the area of family planning is difficult to estimate, but is much larger than our program could possibly meet. We work with other agencies and institutions to meet these needs, although we directly provide various types of education and counseling service to over 10,000 persons per year outside the clinic setting.

ADMINISTRATION AND SERVICE DELIVERY:

The Family Planning/Maternity Division of the Health Department is responsible for the provision of family planning services. The Director of the Division is a member of the Health Department Administrative Team. The Medical Director is responsible for the

medical policies of the program. Within the Division an Administrative Staff serves as a planning and coordinating mechanism for the program. Various other committees report to the Administrative Staff.

The Family Planning Program provides four major services:

(1) Medical service - The most effective methods of birth control can be provided only after the patient is examined by a doctor or nurse practitioner and the appropriate lab tests done. Medical contraceptive service is provided to about 9,000 patients per year. About 70% of these are seen at the Greensboro Family Planning Center at 312 North Eugene Street and about 30% at the High Point Family Planning Center at 407 North Elm Street.

(2) Education - Educational activities are to two types: patient education and community education. All new patients attend a class on the methods of contraception. Return patients are given information they may need during interviews. Community education involves the provision of educational sessions to several thousand persons each year in schools, civic organizations, community groups, and various agencies. The information presented is tailored to the needs of the group. The staff also serves as consultants to teachers, employees of other agencies, churches, and others who may be educating people on some aspect of family planning.

(3) Counseling - Short-term counseling is provided by a social worker to patients who have problems that affect their ability to plan their families. Patients in need of long-term counseling are referred elsewhere.

(4) Nursing - In addition to nursing services provided in the clinic, several thousand home visits are made each year to patients and prospective patients. These visits involve teaching, counseling, recruiting, followup of medical referrals, interpretation of findings, etc.

PROGRAM OBJECTIVES: The following objectives are to be delivered in FY81-82 -

1. *To provide medical contraceptive services to 9,000 patients.*
2. *To serve 3,000 new family planning patients.*
3. *To maintain a continuation rate of 67%.*
4. *To contact 7,500 potential patients with information about family planning.*
5. *To make a total of 16,500 outreach and followup contacts to patients and potential patients.*
6. *To increase the number of teens under 18 receiving medical service by 5%.*
7. *To provide infertility counseling to 15 patients.*
8. *To provide a family planning class for 3,000 new patients.*
9. *To make 150 to 200 presentations on family life, family planning, and related subjects to students, community groups, and groups brought together for the purpose.*

10. *To publicize the availability of family planning services to the community by developing TV spots and newspaper articles.*

11. *To privide short-term crisis counseling and referral services to 1,100 to 1,300 individual patients and their families.*

12. *To provide 500 to 700 followup counseling sessions for family planning patients.*

13. *To provide training to approximately 75-80 staff members from other health departments in 40 days of training through the state training contract.*

14. *To train 8 family practice residents and 4 pediatric residents in family planning clinical skills.*

15. *To provide natural family planning for 20-25 patients.*

16. *76% of the women in need of subsidized family planning services will be actively enrolled in the family planning program .*

17. *95% of the performance objectives shown on the Performance Evaluation Report (DHS Form 2281) will be attained.*

18. *90% of the family planning patients aged nineteen or less will have the rubella immunity assessed and/or receive counseling on the importance of establishing immunity.*

19. *99% of the patients aged nineteen or less receiving medical family planning services will have a documented counseling session prior to or at the time of receiving any family planning method.*

20. *100% of reported Class III, IV, or V Pap smears will have documented followup and further diagnostic study and/or treatment in accordance with Family Planning policies.*

21. *99% of family planning patients medically served will have a blood pressure measurement reported on the most recent visit or within the year prior to the most recent visit.*

22. *99% of the female family planning patients will receive a hemoglobin or hematocrit test.*

EVALUATION:

The Family Planning Program is evaluated in several ways:

(1) The Family Planning/Maternity Administrative Staff reviews progress toward objectives quarterly. Data for the evaluation is taken from printouts generated by the state computer in Raleigh and from hand tabulations. These evaluation sessions are held about three weeks after the end of each quarter.

(2) Progress toward objectives is reported to the Health Director and Assistant Director in semi-annual Program Reviews in August and February.

(3) Quarterly evaluation reports are sent to the Family Planning Branch in Raleigh, and a detailed progress report is included with the grant application in early March.

(4) Other evaluation efforts, such as patient satisfaction surveys, clinic flow studies, etc., are conducted as needed.

PROGRAM ELEMENT: Regional Nurse Practitioner Program 306

PROGRAM HISTORY AND STATUTORY AUTHORITY:

Several years ago the Piedmont Triad Council of Governments conducted a survey of local health departments in Region G (which then included both present Regions G & I) to determine what barriers existed that prevented the growth of family planning services. They found that not enough doctors were available to work in the clinics. It was felt that a family planning nurse practitioner could serve as clinician for about 95% of the patients who had no complications, and ways were sought to obtain nurse practitioner time for the counties. Most of the counties in the region are too small to utilize the full-time services of a nurse practitioner, so a "circuit-riding" practitioner seemed to be a feasible solution to the problem.

The Guilford County Health Department was asked to add a family planning nurse practitioner and an LPN to the Family Planning staff to provide service to other counties of the Region. This was done in January, 1976.

The Regional Nurse Practitioner Program is subject to the same rules and regulations as other family planning services, namely, the guidelines of: Title X, Title V, Title XIX, and Title XX. Section .0207 regarding family planning in the Standards of Local Health Departments in North Carolina also applies to this program.

NEEDS STATEMENT:

Nine of the eleven counties in Regions G & I can potentially make use of the services of the Regional Nurse Practitioner. The urban counties of Guilford and Forsyth would not normally be on the receiving end of this type of service. (Guilford does benefit from the services of the Regional staff when they are not busy in other counties, however.) These nine counties are serving about 35% of the patients who need family planning service according to the DPV family planning formula. This is some indication of the need for additional clinician service.

ADMINISTRATION AND SERVICE DELIVERY:

The Regional Nurse Practitioner Program is administered by the Family Planning/ Maternity Division of the Health Department. Medical policies and medical directives for the practitioner are provided by the Medical Director. The counties where the practitioner and LPN work provide the in-kind match for grant funds. Planning and evaluation sessions are held periodically with the staff members of the various county health departments and the Guilford County Family Planning staff.

The nurse practitioner and the LPN travel to four counties on a regular basis to work in family planning clinics. They serve about 900 individual patients per year and provide about 1,850 clinic visits.

PROGRAM OBJECTIVES:

This program is unique in that it provides one component of family planning service. It is not possible to set specific objectives regarding the services of the Regional Nurse Practitioner and LPN apart from the family planning objectives of the health departments where they work.

From our standpoint, the major objective is to provide nurse practitioner and LPN service to family planning programs in Regions G & I to reduce the shortage of clinician service.

EVALUATION:

Guilford County Family Planning staff meet with the staffs of the local Health Departments of the region to review progress.

Reports regarding numbers served are furnished quarterly to the Family Planning Branch of the State Division of Health Services.

PROGRAM ELEMENT: Vasectomy 325

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The Vasectomy Program was begun in 1977. For several years the staff had felt that we were providing few family planning services for men. For about a year the staff had studied the feasibility of starting a vasectomy clinic, and the Family Planning Branch of the Division of Health Services was aware of this interest. When Title X funds became available for this purpose, the Family Planning Branch contacted the Health Department to see if a vasectomy program could be established that would serve the 11 counties of Regions G & I. A proposal was funded, and the clinic saw the first patient in December, 1977.

The Vasectomy Program is subject to the federal guidelines for Titles X, XIX, and XX. It is also subject to the standards of Section .0207, pages 21-23, of the Standards for Local Health Departments in North Carolina.

NEEDS STATEMENT:

We estimate that Guilford County has approximately 53,000 male residents 21-44 and that the total male population in Regions G & I for that same age group is 175,000.

Joy Dryfoos, a fellow of the Alan Gurrmacher Institute and one of the originators of the DPV family planning formula, has devised a method of estimating the number of individuals in need of vasectomy. According to her formula, the need in Guilford County is between 683 and 817 per year, and the need in Regions G & I is between 2,050 and 2,450 per year. These figures represent the total need -- not just the number who need subsidized vasectomies. If we assume that the number of individuals who need vasectomies in a clinic setting is proportional to the number of women who need contraceptive service in a clinic setting, then 140 to 170 Guilford County males need subsidized vasectomies each year, and the total for Regions G & I would be 420 to 510. Of course, the fact that many residents in the catchment area live some distance from the Greensboro Clinic tends to reduce the numbers who seek vasectomy from those areas.

ADMINISTRATION AND SERVICE DELIVERY:

The Family Planning/Maternity Division of the Health Department is responsible for the provision of vasectomy service. The Social Work Supervisor also serves as coordinator for the vasectomy program. A male LPN devotes a large part of his time to this program.

Education and outreach are important services of the vasectomy program. The staff works to disseminate vasectomy information in the eleven counties of Regions G & I through mass media, printed material, group presentations, individual interviews, and cooperation with local health and social service departments.

A referral system has been developed with the health and social service departments in each county. Trained counselors in each county assist with publicity and also counsel with prospective vasectomy patients. If a man decides to have a vasectomy, the counselor

obtains informed consent and makes an appointment with the clinic in Greensboro.

Vasectomy clinics are held on Wednesday afternoons and Friday mornings at the Greensboro Family Planning Center. The surgery is performed by two local urologists assisted by several Family Planning staff members.

PROGRAM OBJECTIVES: The following objectives are to be achieved during FY 81-82 -

1. *To provide vasectomies for 75 Guilford County residents and 75 non-Guilford residents of Regions G & I.*

2. *To provide 450 return clinic visits for vasectomy patients for checkups, sperm count, and treatment for minor side effects.*

3. *To increase educational efforts regarding male responsibility and vasectomy by obtaining public service announcements on the three TV stations and 25 radio stations.*

4. *To educate the public regarding vasectomy by obtaining news coverage in as many area newspapers as possible.*

5. *To work with other agencies, industry, civic organizations, and other organizations to promote knowledge regarding vasectomy and male involvement in family planning decisions in Regions G & I.*

EVALUATION:

(1) The Family Planning/Maternity Administrative Staff review progress toward objectives quarterly.

(2) Progress toward objectives is reported to the Health Director and Assistant Director in semi-annual Program Reviews.

(3) Quarterly reports on progress toward objectives are made quarterly to the Family Planning Branch of the State Division of Health Services.

(4) Monthly reports on Title XX vasectomy patients and quarterly reports on all sterilizations are turned in to the Family Planning Branch of the State Division of Health Services.

GUILFORD COUNTY HEALTH DEPARTMENT

Family Planning/Maternity Division

PROGRAM ELEMENT:	*Prenatal*	*280, 281, 282, 283, 284, 285, 286, 287*
	Maternity	*338, 33B*

PROGRAM HISTORY AND STATUTORY AUTHORITY:

For many years the Health Department operated a large maternity clinic at its Greensboro clinic site on Northwood Street. In 1971 the Moses Cone Outpatient Department began operating this clinic under terms of a contract with Guilford County. In 1978 the Cone Outpatient Department moved into its new smaller quarters which made it impossible to continue to operate a large maternity clinic. The decision was made to establish a smaller high risk clinic at Cone Hospital; the Health Department would operate a low-risk clinic; and Medicaid patients would be seen by private doctors in their offices.

The Health Department started a small maternity clinic in the Warnersville area in 1975 to serve residents of the area. One of the major priorities was and remains to serve the needs of pregnant teens.

In High Point a maternity clinic was established in the Health Department in the 50's. By 1977 it was apparent that the need had outgrown the capacity of the clinic. It took pregnant women two to three months to get an appointment in the clinic, which meant that patients were not getting early prenatal care. Only one physician was working in the clinic and insufficient physician time was a major problem. In June, 1977 the OB-Gyn physicians agreed to staff a maternity clinic on a rotating basis if it were moved to the more convenient location of the Family Planning Center. This was done in July, 1977 and the additional nurse practitioner time was committed to the clinic. This almost doubled the capacity of the clinic.

In July, 1978 a reorganization of the Health Department eliminated the generalized nursing program. Maternal Health activities were combined with the Family Planning Program to create the Family Planning/Maternity Division of the Health Department. Six members of the generalized nursing staff were transferred to this division.

The Maternity Program is subject to the federal guidelines for Title V. It is also subject to Section .0213, pages 51-54, of Standards for Local Health Departments in North Carolina. Some aspects of the program are governed by State Perinatal guidelines and WIC guidelines.

NEEDS STATEMENT:

There is no accepted formula for computing the number of women in need of publicly supported prenatal care. The clinics are designed to serve those women who cannot afford prenatal care from private physicians. In FY80 701 patients received care in the Health Department clinics and in the Cone High Risk clinic. In FY81 about 625 individuals will be care for. In 1979 16 Guilford County residents delivered in Guilford County hospitals without prenatal care and 89 did not receive care until the third trimester. This would indicate that well over 100 persons did not receive adequate care.

ADMINISTRATION AND SERVICE DELIVERY:

The Family Planning/Maternity Division of the Health Department is responsible for the provision of maternal health services. The Director of the Division is a member of the Health Department Administrative Team. Within the Division an Administrative Staff serves as a planning and coordinating mechanism for the program. Each service site has physician who serves as part-time Medical Advisor. The Medical Advisors are responsible for medical policies and serve in a liaison capacity between the clinic and community physicians.

The Maternity Program provides several services:

(1) Medical service - Prenatal care involves a variety of medical services including: physical examinations, laboratory tests, drugs, vitamins, etc. Special diagnostic tests such as ultrasound, stress tests, tests for certain genetic diseases, etc. are provided. Much of the care is provided by nurse practitioners who work under the medical directives of the Medical Advisors. Most high risk patients are referred to the Cone Hospital High Risk clinic where all the care is provided by OB-Gyn physicians.

(2) Education - A series of ten classes on a variety of subjects (examples: nutrition, labor and delivery, care of the baby, etc.) is provided by health educators and nurses. Community education is not conducted on a large scale, although efforts are made to promote the importance of early prenatal care.

(3) Counseling - Supportive counseling is provided by the social workers regarding individual, family, and environmental problems that affect the patient's ability to use the medical services provided by the clinic.

(4) Nutrition - The WIC Program, which is a nutrition program, provides nutrition counseling and food vouchers for most of the patients.

(5) Nursing service - The nursing staff visits all patients soon after their first clinic visit to assess the home situation. They also visit the home soon after the mother and baby return from the hospital to provide needed assistance and to make sure that there is a source of medical care for the baby. The nursing staff also makes home visits to many Medicaid patients who are seen by private doctors and who do not have time to provide the special education and counseling that many of these patients need.

All patients of the maternity clinics are delivered free of charge by the local physicians at the Moses Cone Hospital in Greensboro and at the High Point Memorial Hospital. Patients are responsible for their own hospital bills, although many cannot pay the full charge. Some are eligible for free service under Hill-Burton regulations, and State Perinatal funds pay the hospital expenses of some high risk patients.

PROGRAM OBJECTIVES: The following objectives are to be achieved during FY 81-82 -

1. *To provide prenatal care for 700 new patients in Health Department clinics (including 120 who will be referred to the High Risk Clinic for most of their care).*

2. *To provide prenatal services to 850 individuals (unduplicated count).*

3. *To provide 4,900 prenatal clinic encounters, including medical history, physical examination, laboratory tests, and referral as appropriate.*

4. *To refer 120 patients to the Cone Hospital High Risk Maternity Clinic.*

5. *To provide by nursing staff -*
   a. *600 home visits during antepartum period, and 1,100 during postpartum period,*
   b. *4,000 total contacts during maternity cycle (includes 1,700 home visits and 2,300 other contacts such as phone calls and office visits. No clinic visits are included in these totals.)*

6. *To provide supportive counseling and referral services to 350 to 500 individual maternity patients in Health Department and High Risk clinics.*

7. *To provide 900 to 1,000 followup counseling sessions for maternity patients.*

8. *To make 100-150 home visits by social workers to better assess needs and home environment.*

9. *To provide 300 class sessions for maternity patients on ten subjects related to healthy pregnancies and healthy babies.*

10. *45% of prenatal patients to begin care in first trimester of pregnancy.*

11. *90% of prenatal patients to begin care by end of second trimester of pregnancy.*

12. *To screen 100% of prenatal patients for presence of high risk conditions, as evidenced by written list of risk factors.*

13. *To ensure the availability of a written policy of referral for high risk pregnant women for prenatal and intrapartal care.*

14. *To provide the following services to prenatal patients to the percentage indicated -*
   a. *Maternal health history - 100%*
   b. *Physical examination - 100%*
   c. *Tetanus-diphtheria immunizations if lack of primary series or no booster in past ten years - 80%*
   d. *Routine lab services - 100%*
   e. *Nutrition assessment - 95%*
   f. *Consultation from obstetrician in the presence of any medical risk factors - 100%*

15. *To authorize 57 women for delivery, prenatal, and/or diagnostic services through the MCH Delivery Fund.*

16. *To visit 95% of prenatal patients served through the Health Department within six weeks following delivery for assessment of mother, infant, and attachment of new infant into family unit.*

EVALUATION:

The Maternity Program is evaluated in several ways -

(1) The Family Planning/Maternity Administrative staff reviews progress toward objectives quarterly. Data for the evaluation is taken from printouts generated by the state computer in Raleigh and from hand tabulations. These evaluation sessions are held about three weeks after the end of each quarter.

(2) Progress toward objectives is reported to the Health Director and Assistant Health Director in semi-annual Program Reviews in August and February.

(3) Other evaluation efforts, such as, patient satisfaction surveys, clinic flow studies, etc., are conducted as needed.

PROGRAM ELEMENT: Perinatal Program 28C, 28D, 28E, 28F, 28G, 28H

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The State Perinatal Program was set up to improve care for high risk mothers and infants during the prenatal period and during the first month after birth. A pilot program was operated in the eastern part of the state for several year, and in FY 79 the program began to expand. The Guilford County Health Department applied for a grant to improve high risk services starting in September, 1978, but implementation was delayed until December.

The first step was to add a social worker to the staff to work with high risk patients. Funds were also provided for high risk identification and care, such as, amniocentesis, ultrasound, stress tests, etc.

In Fy 80 the Perinatal Program adopted the policy of funding only those programs that provide high risk services for a minimum of three counties. Arrangements were made to serve high risk patients from Rockingham and Randolph Counties in the Moses Cone High Risk Maternity Clinic. These services are paid for through the Perinatal funds that are administered by the Guilford County Health Department. At the same time services were expanded to include a nurse coordinator and health education services for the high risk clinic.

The Perinatal Program is subject to the State Perinatal Guidelines as well as Section .0213, pages 51-54, of Standards for Local Health Departments in North Carolina.

NEEDS STATEMENT:

The Northwest Regional Perinatal Committee estimated in its plan that 156 low income women are in need of high risk prenatal care in Guilford County, 54 in Rockingham, and 40 in Randolph County. They also assumed that half of these are covered by Medicaid and would not need Perinatal Funds, but this has proved to be an erroneous estimate. In FY 80 119 Guilford County non-Medicaid patients were eligible for high risk services, whereas according to the Perinatal Committee's estimate only 78 non-Medicaid patients would have been eligible for these services. Probably a more accurate estimate of need (non-Medicaid patients) would be: Guilford County, 120; Rockingham County, 41; and Randolph County, 30.

ADMINISTRATION AND SERVICE DELIVERY:

The Guilford County Health Department receives a grant for outpatient high risk prenatal services for low-income Guilford, Randolph, and Rockingham County patients. Most of these services are provided by the Moses Cone High Risk Prenatal Clinic, and the grant funds pay for this care. Medicaid eligible patients are cared for by private physicians.

A coordinating committee meets quarterly to coordinate the efforts of the Cone Hospital Outpatient Department, the Health Departments of Guilford, Randolph, and Rockingham Counties, and the physicians of the community. A district Perinatal Committee has just been organized. How much of a role it will take in policy making or service provision remains to be seen. Thus far it has an advisory role.

High Risk patients are referred to the High Risk Clinic by the Guilford, the Randolph, and Rockingham County Health Departments according to a list of high risk criteria. A nurse coordinator facilitates referrals from the low-risk clinics and provides information to the health departments on patients they have referred to the High Risk Clinic. Some high risk patients are cared for in the Health Department clinics due to transportation problems and because their conditions do not necessitate treatment in the High Risk Clinic. This is especially true of patients in the High Point Health Department low-risk clinic.

Social work coulseling and health education are important services provided by Health Department staff in the Cone High Risk Clinic.

The Perinatal grant continues to provide diagnostic services in the low-risk clinics to determine risk status. This involves some expensive services such as: amniocentesis, ultrasound, stress tests, fasting blood sugars, etc.

PROGRAM OBJECTIVES: The following objectives are to be achieved in FY 81-82 -

1. *To provide care for 120 Guilford County patients in the Moses Cone High Risk Clinic; 15 Rockingham County patients; and 10 Randolph County patients in that Clinic.*

2. *To provide care for 40 high risk patients in the High Point Health Department Maternity Clinic.*

3. *To provide 1,000 clinic encounters for high risk prenatal patients in the Moses Cone High Risk Clinic.*

4. *To work with the Clinic Coordinating Committee and the District Perinatal Committee to ensure that the Moses Cone High Risk Clinic meets all the State Perinatal guidelines.*

EVALUATION:

Responsibilities for evaluation have not been clearly defined since so many groups share in the Perinatal Program. The Administrative Staff of the Family Planning/Maternity Program reviews progress toward objectives stated in the grant proposal. Data is furnished regularly to the MCH Branch of the Division of Health Services for their evaluation. There is a need for responsibilities to be assigned to a body to evaluate quality of services and to study how the whole system works.

LABORATORY SERVICES

I. MISSION

The mission of the Public Health Laboratory is to assist public and private health programs and institutions in the early detection and control of infectious and chronic diseases by testing of human and animal specimens and assist in assuring a healthful environment by analyses of environmental samples.

II. GOALS

A. Public health programs in each county will be supported by quality-assured laboratory services.

B. To establish and maintain rapport with local hospital laboratory personnel and the general medical community.

GUILFORD COUNTY HEALTH DEPARTMENT
Laboratory Support of Public Health Progams*

OPERATIONAL PROGRAM PLAN
Laboratory

PROGRAM ELEMENT: (Accounting Class Code 352)

PROGRAM HISTORY AND STATUTORY AUTHORITY:

In its early years, the laboratory's primary function was to aid in the diagnosis of communicable diseases such as diphtheria, malaria, typhoid, tuberculosis, venereal diseases, and parasitic infections, with an additional role of consumer protection by examination of milk and water supplies.

With the advancement of immunizations and change in role of public health, specific programs were developed within the Health Department which necessitated an increased and expanded role of the supporting laboratory.

NEEDS STATEMENT:

In the area of communicable disease, testing services are available to all county residents. Testing in other areas is provided to those patients attending clinics under specific program guidelines.

Bacteriological examination of a private water supply is performed for any county resident while periodic examination of milk bottled or sold in the county is the responsibility of the health department.

ADMINISTRATION AND SERVICE DELIVERY:

Tests for communicable diseases are performed on the general population either for individual diagnosis or for screening purposes by the department, with specific clinics held for tuberculosis and Venereal Disease Control.*

Additional laboratory assistance is provided in the areas of hematology, urinalysis, etc. for patients under specific public health programs such as Adult Primary Care*, Maternity*, Child Health*, Family Planning*, and Chronic Disease Screening*.

Water and milk analyses are performed in support of Environmental Health Programs*.

PROGRAM OBJECTIVES:

1. By July 1, 1982, develop and use at each location, a standard operating procedures manual, in accordance with State DHS Laboratory Manual.
2. By July 1, 1982, set up quality control program in all areas, in accordance with recommended guidelines.
3. By July 1, 1982, upgrade lab classifications by doing a study of personnel classifications, with possible bench audits and rewriting of job description.
4. By July 1, 1982, upgrade facilities and personnel at Devon Street, according to recommended standards.

5. By August 1, 1981, develop a system of intra-agency activity for interchange of ideas, plans, resources, and evaluation of services rendered by periodic meeting of key lab personnel.
6. By August 1, 1981, designate a contact person for all laboratory services.
7. By August 1, 1981, become certified for milk and water analyses.

EVALUATION:

Quarterly reports, CORE meetings and program reviews afford periodic evaluation of the overall contribution of the laboratory. Sessions with program planners provide the means of re-evaluating procedures needed, volume of tests done versus referral to other labs, and the need for additional equipment or personnel.

Periodic review of quality control and proficiency testing records gives assurance of reliable testing services in the laboratory.

MANAGEMENT SERVICES

I. MISSION

To facilitate service delivery by assuring the most effective and efficient management of resources in order to increase the responsiveness of the local agency's program to community health needs.

II. GOALS

A. To assure programs are operated in conformance with applicable State and Federal statutes, regulations, standards, and policies.

B. To maximize funding for public health by maximizing earned income and seeking new sources of funds.

C. To manage resources efficiently and effectively.

GUILFORD COUNTY HEALTH DEPARTMENT
MANAGEMENT SERVICES

PROGRAM ELEMENT: Management Services

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The shape of Management Services for the Health Department has changed and grown in many different ways since the inception of the Department in 1911. These services now include personnel, budgeting, purchasing, program consultation, planning, financial management, records keeping, statistical analysis, public relations and general management. The statutory authorities impacting upon these services are G.S. 130-36, Standards for Local Health Departments, 10 NCAC 12.0200, and Department of Human Resource's Administrative Standards.

NEEDS STATEMENT:

Management Services generally supports the internal management needs of the Department in terms of personnel and fiscal resources, planning, management support (clerical and secretarial), and program consultation.

ADMINISTRATION AND SERVICE DELIVERY:

Management services are found throughout the Department in the persons of program director/or their support staff. The Department operates and delivers services on a multi-site basis, generally clustered around the cities of Greensboro and High Point. The services of personnel, budgeting, planning, are centralized; while the services of purchasing, fiscal management/reporting are partially centralized in the Greensboro office.

PROGRAM OBJECTIVES - Fiscal Year 1981-1982:

1. By July 1, 1981, have an executed agreement and approved work plan filed with the Division of Health Services.

2. By July 1, 1982, conform with Department of Human Resources Administrative Standards.

3. By July 1, 1982, conduct 2 program reviews for every program within the Department.

4. By July 1, 1982, work with the Board of Health, County Commissions, community groups on 5 year long-range objectives for the Department.

5. By September 1, 1981, modify, where appropriate, the fiscal management/ reporting system of the Department.

6. By July 1, 1982, develop a statistical source document for agency planning purposes.

7. By July 1, 1982, develop or assist in the development of technical methods of evaluating program and service objectives for the fiscal year 1981-1982.

8. By July 1, 1982, collect service data, at selected intervals, to assess progress being made in meeting the program and service objectives for the fiscal year 1981-1982.

9. By July 1, 1982, develop a reporting system to apprise staff of the progress being made in meeting the program and service objectives for the fiscal year 1981-1982.

10. By July 1, 1982, assist program directors in obtaining special information or data needed in program planning and evaluation.

11. By July 1, 1982, assist program directors and designated staff in the development of standards for programs and services.

12. By July 1, 1982, assist community agencies in obtaining special interest health data.

EVALUATION:

Evaluation will be conducted on the progress towards development of the outcomes of these objectives. Monthly, quarterly, and semi-annual reports will serve as the means to review this progress.

GUILFORD COUNTY HEALTH DEPARTMENT
MANAGEMENT SUPPORT PROGRAM

PROGRAM ELEMENT: Management Support

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The Guilford County Health Department was formed in 1911 with a Health Director and a part-time Secretary. Management Support Staff has increased to 65 positions at the present time. Management Support functions are mandated throughout Federal, State and local programs and standards for Local Health Departments in N.C. 10 NCAC 12 .0200.

NEEDS STATEMENT:

Provide clerical support to all disciplines throughout all program areas. Assist program managers, supervisors, etc. with departmental program planning, coordination and implementation to achieve desired goals of the department. To strengthen image of the Health Department by being an advocate for public health.

ADMINISTRATION AND SERVICE DELIVERY:

Management Support Program provides and maintains clerical support throughout 8 services sites:

301 N. Eugene St. (Administration, Personnel, Adult Health)

312 N. Eugene St. (Family Planning/Maternity)

300 E. Northwood St. (Child Health)

716 Devon Drive (Child Health)

936 Montlieu Ave., High Point (Adult Health and Child Health)

401 Taylor St., High Point (Adult Health and Child Health)

407 N. Elm Street, High Point (Family Planning/Maternity)

227 Boulevard St., High Point (High Point Memorial Outpatient Clinic)

The program operates with a Clerical Coordinator who manages the coordination of all clerical functions through the efforts of Clerical Supervisors assigned to Adult Health Clinics, Child Health Clinics and Family Planning/Maternity Programs.

PROGRAM OBJECTIVES:

Personnel/Staff Development:

To evaluate the relationship of Management Support Staff to Professional Staff by June 30, 1982.

To evaluate staff development needs and develop plan of action by June 30, 1982.

Systems:

To have 2 of the 8 Health Department sites using CRT Terminals for current patient information by June 30, 1982.

To study and evaluate the POHR system and make recommendations to Management a position on POHR for the agency, by January, 1982.

To appoint a committee to begin work on an agency records policy manual by January, 1982, for an expected completion date of December, 1982.

To study and make recommendations on the security of records throughout the entire department by January, 1982.

To study and make recommendations on the flow of patient records from the High Rise for the Elderly by January, 1982.

Organizational Structure:

To assign a staff member to manage the computerization of the agency records and other various duties as delegated by the Clerical Coordinator by September, 1981.

To assign supervisory duties and upgrade one of the present clerical positions in the High Point Office in order to share supervisory responsibilities and provide on-site supervision in the absence of the Administrative Assistant by September, 1981.

Evaluation:

Evaluation will be the results of the development of systems and reports as it relates to the objectives and the products emendating out of each of the objectives.

Progress on the above objectives will be monitored through semi-annual program reviews and monthly staff conferences.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH

VITAL RECORDS

PROGRAM ELEMENT: Vital Statistics

PROGRAM HISTORY AND STATUTORY AUTHORITY:

The Bureau of Vital Statistics was established in the State of North Carolina following the enactment of a vital statistics law by the General Assembly, October 1, 1913. Dr. W. S. Rankin, State Health Officer, gave the need priority in his legislative program. Work was begun on the appointment of 1400 local registrars in each town and township throughout the state. Since 1913, most counties, including Guilford County, have taken over the responsibilities of local registrars.

In Guilford County, the Health Director is the Registrar of the Office of Vital Statistics. The Director of the Division of Health Services is the State Registrar of Vital Statistics. With regard to local registration districts, the State Registrar has statutory authority to administer the vital records program. (General Statutes 130-36 through 130-73, Vital Statistics Law of N. C.) Statute 130-63, Vital Statistics Law of N. C., cites the duties of the Registrar.

NEEDS STATEMENT:

The Guilford County Vital Statistics Office records every birth, death and fetal death occurring in the district with the Register of Deeds in the county and with the Vital Records Branch, Department of Human Resources, Raleigh, N. C.

The Deputy Registrar acting for the Registrar in Guilford County, receives all original certificates of birth, death and fetal death filed by the hospitals, physicians, funeral directors and parents of home deliveries. These certificates are examined for accuracy, completeness and timeliness and are processed in accordance with the provisions of vital statistics statutes and the rules, regulations and instructions of the State Registrar. The original certificates are forwarded to the Vital Statistics Branch, Department of Human Resources, Raleigh, N. C. on the 5th and 10th day of the following month of occurrence. A copy of the original certificate is sent to the Guilford County Register of Deeds office within one to two days after receipt of the certificates. Certified copies of these certificates may be purchased from the Register of Deeds Office and the State Vital Records Office.

PROGRAM OBJECTIVES:

By July 1, 1982, the Vital Records Office will:

1) Cause each record submitted for registration to be reviewed for completeness and accuracy and will have a query system for those containing inaccurate or inconsistent information.

PROGRAM OBJECTIVES (cont'd):

2) To maintain a system to identify those individuals and institutions whose records are consistently late or inaccurate and take positive action.

3) To notify immediately the local or chief medical examiner of all deaths within their jurisdiction which have been improperly certified.

4) To reach and maintain a goal of 90% in timeliness (receipt of birth and death certificates within five days,) and accuracy of vital events registration, especially the deaths.

EVALUATION:

Will be done through monthly reports to the State Office of Vital Statistics and quarterly reports to the Administrative Office within the departments.

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH

HEALTH EDUCATION

PROGRAM ELEMENT Health Education

PROGRAM HISTORY AND STATUTORY AUTHORITY

Since its inception in 1911, the Guilford County Department of Public Health has placed priority on health education and prevention of disease. Health educators have been members of the public health team since 1947, demonstrating a high degree of advocacy for the principles and practices of public health. During the early years, there were usually two health educators on the staff serving the entire county. In 1960, the first full time health educator was employed to serve the High Point area. In the mid-sixties, a third health educator was hired in the Greensboro office to work specifically with the Children and Youth Project. An additional High Point health educator was employed with Model Cities funds. The staff increased again when the Family Planning Project was funded. In 1971, a non-professional health education assistant was hired, also assigned to Family Planning, followed by an additional Family Planning health educator to work in High Point in 1973. From that time until 1978, three health educators worked in the General Program in Greensboro and one in High Point. Two health educators and the assistant worked exclusively in Family Planning.

In 1978, staff members not limited to special categories of service were assigned to specific program areas established by the reorganization of the Health Department as a whole. Two persons were assigned to Child Health, with one working full time in School Health. One was assigned to Adult Health. The generalist position in High Point continued, with that individual being responsible for everything but Family Planning in the High Point community.

In 1980, when the school health educator resigned, that position was reclassified, allowing for the creation of a position for Director of Health Education. This has given coordination to the Division of Health Education, thus identifying the professional health education staff as a unit for planning, sharing and agency-wide program development.

Currently, the Director of Health Education is in the process of recruiting and hiring three new staff members to work with the recently funded Health Education/ Risk Reduction program. These will include a Health Educator II, Health Educator I and a Health Education Assistant. With the addition of these individuals, the Health Education Division will be staffed by 1 Health Educator III, 5 Health Educator II's, 2 Health Educator I's and 2 Health Education Assistants.

G.S. 130 - 9 (g); 143B - 142
Standards for Local Health Departments in North Carolina Regulation 10 NCAC 12 .0209

NEEDS STATEMENT

All residents of Guilford County are eligible for health education services without regard to age, sex, race, income or other criteria.

The health education staff provides support to all program areas and disciplines throughout the Department.

ADMINISTRATION AND SERVICE DELIVERY

The Health Education Program is coordinated by the Director of Health Education who directly supervises two staff members. Other health educators are under the direct supervision of the program directors or a health education supervisor.

The services of the health educators are rendered at all service sites and throughout Guilford County. Generally, the health educators are responsible for patient education in the clinic setting, community education which includes the schools, and various training programs. The Director of Health Education has the primary responsibility for initiating and coordinating the public relations activities of the Department.

PROGRAM OBJECTIVES FY 1981-82

1. By June 30, 1982, develop a written Health Education plan for the agency consistent with the overall goals of the Health Department.

2. By June 30, 1982, develop and implement a plan for evaluating outcomes of the Health Education Program.

3. By June 30, 1982, develop a circular on health department services for general distribution.

4. By June 30, 1982, increase community awareness of the services, programs, activities and events of the Health Department and its divisions by initiating a series of interviews on television stations in Greensboro and High Point and submitting at least monthly news releases to the major newspapers in Guilford County.

5. By June 30, 1982, increase Tel-Med calls by 25% through the development of a new brochure and a mechanism for regular distribution. At least 4 community health agencies will be contacted to solicit support in the selection and purchase of additional tapes.

6. By June 30, 1982, expand and strengthen the health education skills of other staff members by planning and facilitating at least one training session in each division designed for this purpose.

7. By June 30, 1982, conduct a study of the resource libraries at all sites (High Point, Eugene Street, Family Planning/Maternity and Child Health) to determine how to enhance greater utilization and uniformity of operation.

8. By March 31, 1982, compile and assess the locally produced educational materials being distributed to patients and the public throughout the department and develop policies and procedures to ensure the highest possible level of quality

and consistency of information.

9. By December 31, 1981, determine the extent to which staff members have received CPR Training and develop a plan to provide refresher training for these persons as well as the initial Basic Rescue training to those wishing to receive certification in CPR.

For specific objectives within the program areas, refer to Adult Health, Child Health, Environmental Health and Family Planning/Maternity.

EVALUATION

Progress on the above stated objectives will be monitored through monthly staff meetings and semi-annual program reviews in each Division.

Monthly reports are submitted to the Health Education Director which include the number of individuals receiving direct services of the staff and a narrative describing highlights of the months activities, successes, problems, and issues needing consideration.